Maryland SHIP

State Health Improvement Process, 2012 Update

October 2012

Healthy Babies

Healthy Social Environments

Safe Physical Environments

Infectious Disease Reduction

Chronic Disease Reduction

Healthcare Access

SHIP Website - http://dhmh.maryland.gov/ship/

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Table of Contents

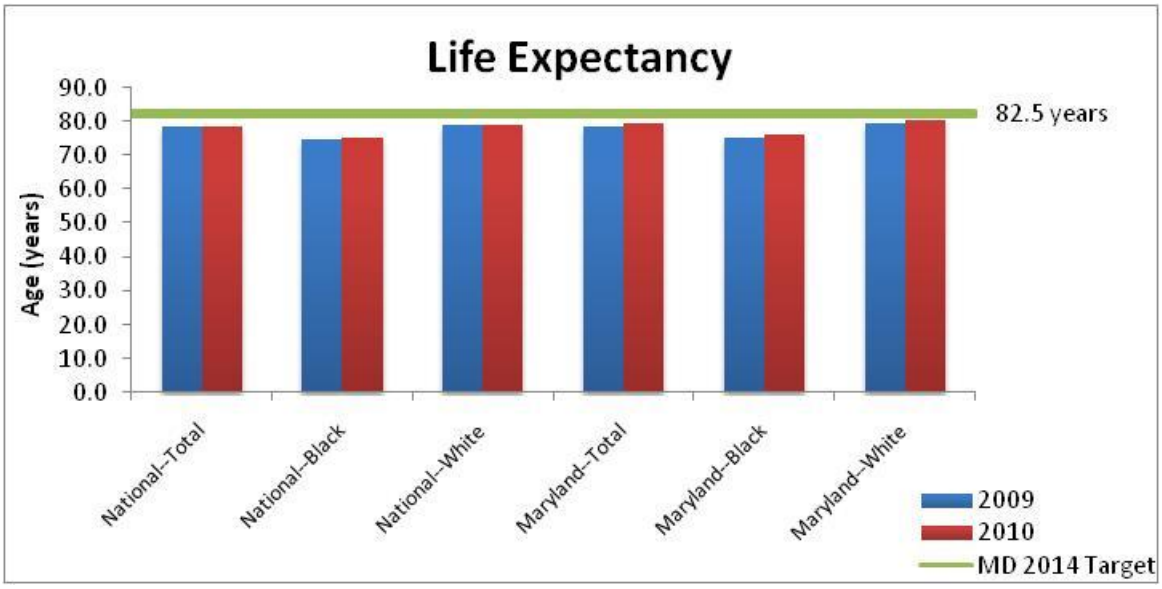
Objective 1: Increase life expectancy

Life expectancy is a summary measure used to describe overall health. Life expectancy at birth is the average number of years a newborn is expected to live given current conditions. The life expectancy in the US is the highest in recorded history thanks to public health interventions such as improvements in sanitation and food safety, development and use of vaccines, and health promotion efforts.

Update Summary: Moving toward the Maryland 2014 Target

Statistics and Goals

Measure: Life expectancy at birth (in years)



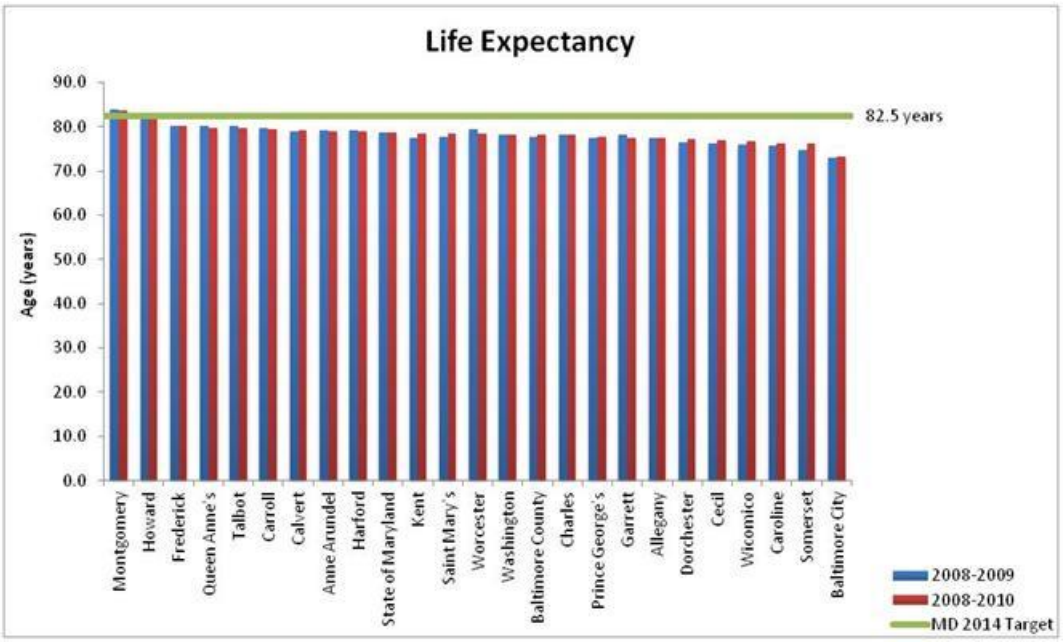
National Data Source: National Vital Statistics System
Maryland Data Source: Maryland DHMH Vital Statistics Administration

National Baseline	Maryland SHIP	Year	Total	Black/African American	White	SHIP 2014 Target
77.9 (2007)	Baseline	2009	78.6	75.4	79.7	82.5
	Update	2010	79.3	76.4	80.2	

Objective 1: Increase life expectancy

Local-Level Data

Measure: Life expectancy at birth (in years)



Data Source: Maryland DHMH Vital Statistics Administration

County	2008-2009	2008-2010
State of Maryland	78.6	78.7
Allegany	77.4	77.4
Anne Arundel	79.1	79.0
Baltimore City	72.9	73.3
Baltimore County	77.8	78.1
Calvert	79.0	79.1
Caroline	75.7	76.3
Carroll	79.6	79.5
Cecil	76.3	76.9
Charles	78.1	78.1
Dorchester	76.5	77.2
Frederick	80.1	80.2

County	2008-2009	2008-2010
Garrett	78.2	77.5
Harford	79.2	78.9
Howard	82.2	81.9
Kent	77.5	78.4
Montgomery	83.8	83.6
Prince George's	77.5	77.8
Queen Anne's	80.1	79.7
Saint Mary's	77.8	78.4
Somerset	74.7	76.3
Talbot	80.1	79.7
Washington	78.1	78.2
Wicomico	76.0	76.8
Worcester	79.4	78.4

Objective 1: Increase life expectancy

Data Details	
National Data	
Source	National Vital Statistics System (NVSS)
Year	2007
Maryland Data	
Source	Maryland DHMH Vital Statistics Administration
Year	
Baseline	2009
Update	2010
Calculation	
Numerator	---
Denominator	---
Population source	---
Single year method	---
Combined year method	----
Notes	
Race/ethnicity	---
Censoring	---
Analyzed by:	Data obtained directly from the Maryland Vital Statistics Annual Report, 2009 and 2010
Other	---

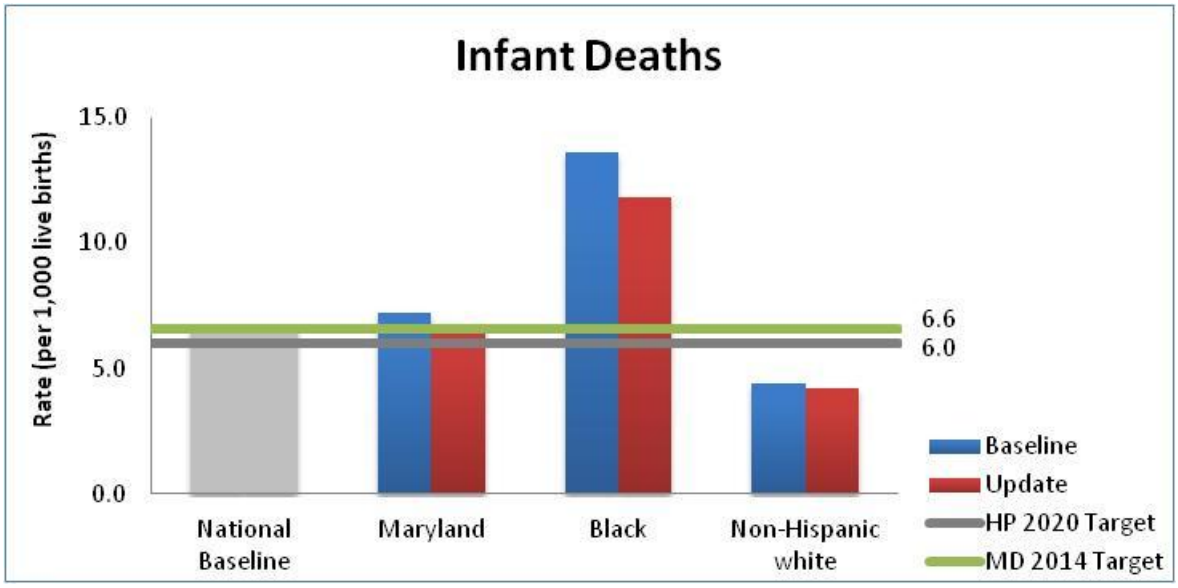
Objective 2: Reduce infant deaths

Infant mortality has long been considered the most sensitive indicator of the overall health of a population. While there have been several decades of improvement in infant mortality, Maryland's rate remains higher than the national average.

Update Summary: On track or meeting the Maryland 2014 Target

Statistics and Goals

Measure: Rate of infant deaths (per 1,000 live births)



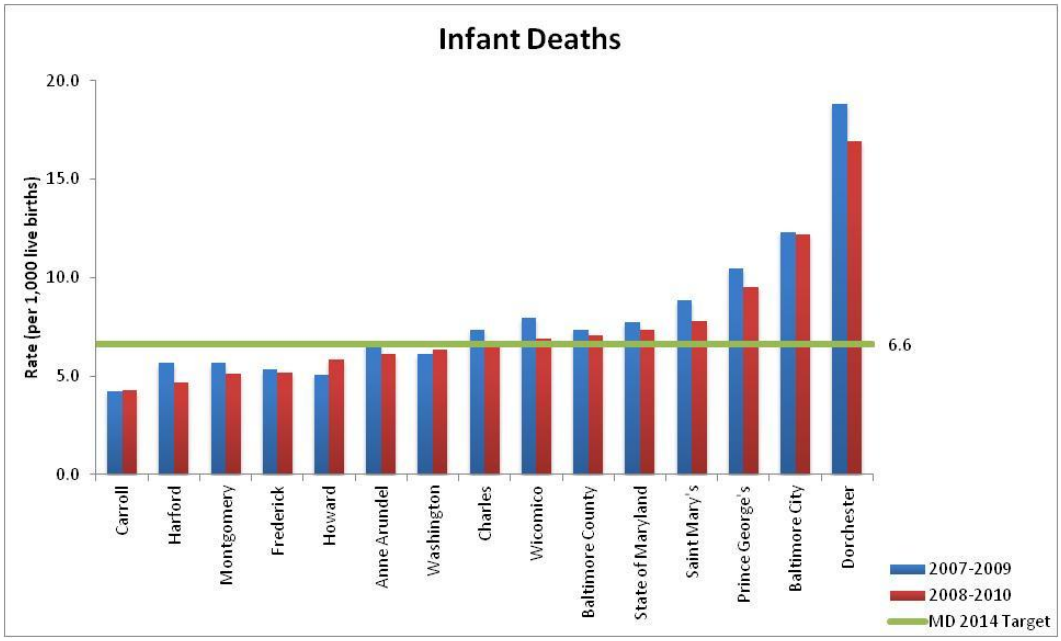
National Data Source: Healthy People 2020, National Vital Statistics System
Maryland Data Source: Maryland DHMH Vital Statistics Administration

National Baseline	Maryland SHIP	Year	Total	Black	NH White	SHIP 2014 Target
6.7 (2006)	Baseline	2009	7.2	13.6	4.4	6.6
	Update	2010	6.7	11.8	4.2	

Objective 2: Reduce infant deaths

Local-Level Data

Measure: Rate of infant deaths (per 1,000 live births)



Data Source: Maryland DHMH Vital Statistics Administration

County	2007-2009	2008-2010
State of Maryland	7.7	7.3
Allegany	14 (Count only)	12 (Count only)
Anne Arundel	6.7	6.1
Baltimore City	12.3	12.2
Baltimore County	7.3	7.1
Calvert	15 (Count only)	14 (Count only)
Caroline	11 (Count only)	12 (Count only)
Carroll	4.2	4.3
Cecil	12 (Count only)	15 (Count only)
Charles	7.4	6.7
Dorchester	18.8	16.9
Frederick	5.4	5.2
Garrett	3 (Count only)	6 (Count only)

County	2007-2009	2008-2010
Harford	5.6	4.7
Howard	5.1	5.8
Kent	4 (Count only)	3 (Count only)
Montgomery	5.7	5.1
Prince George's	10.4	9.5
Queen Anne's	9 (Count only)	10 (Count only)
Saint Mary's	8.9	7.8
Somerset	11 (Count only)	5 (Count only)
Talbot	2 (Count only)	3 (Count only)
Washington	6.1	6.4
Wicomico	8.0	6.9
Worcester	6 (Count only)	8 (Count only)

Objective 2: Reduce infant deaths

Data Details	
National Data	
Source	Healthy People 2020, National Vital Statistics System (NVSS), CDC, NCHS
Year	2006
Maryland Data	
Source	Maryland DHMH Vital Statistics Administration
Year	
Baseline	2009
Update	2010
Calculation	
Numerator	Number of deaths of children less than one year old
Denominator	Number of live births
Population source	Maryland DHMH Vital Statistics Administration
Single year method	(x/y)*1,000
Combined year method	Total number of deaths divided by total number of births
Notes	
Race/ethnicity	Race and Hispanic origin are reported separately. Data for persons of Hispanic origin are included in the data for each race group according to self-reported race except whites. Rates for non-Hispanic whites are reported. Hispanic rates include all deaths to persons of Hispanic origin of any race.
Censoring	Rates not reported if number of deaths was less than 20.
Origin	Data obtained from the DHMH Maternal and Child Health Bureau, Lee Hurt, 5/30/12
Other	---

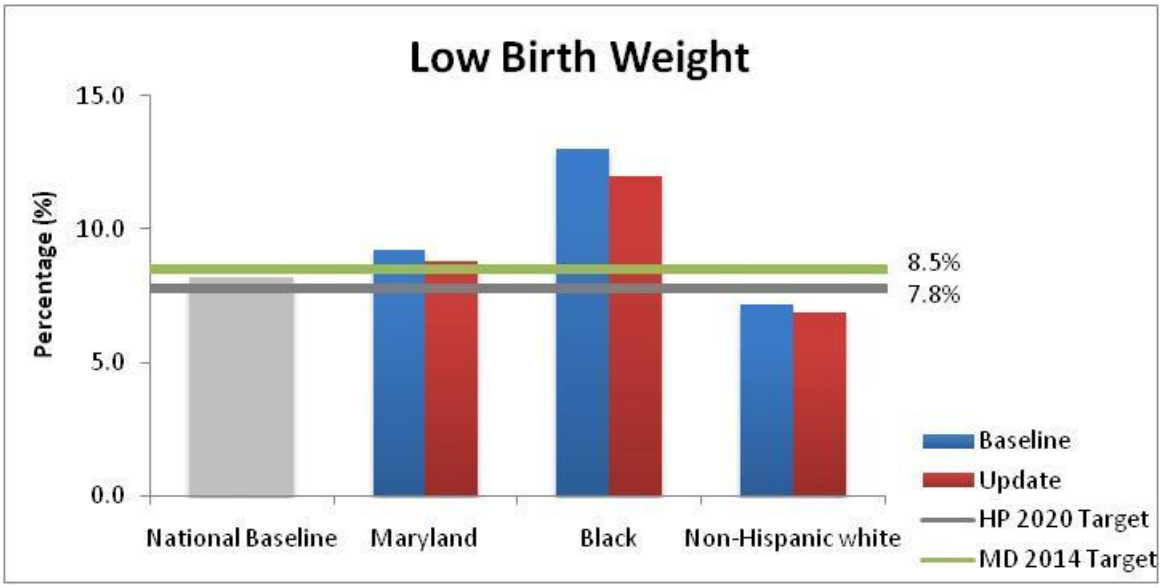
Objective 3: Reduce low birth weight (LBW) births

Babies born with a low birth weight are at increased risk for serious health consequences including disabilities and death. LBW infants weigh less than 2,500 grams (5.5 pounds). Maryland's LBW percentage is higher than the national average.

Update Summary: On track or meeting the Maryland 2014 Target

Statistics and Goals

Measure: Percentage of births that are low birth weight (2500 grams or less)



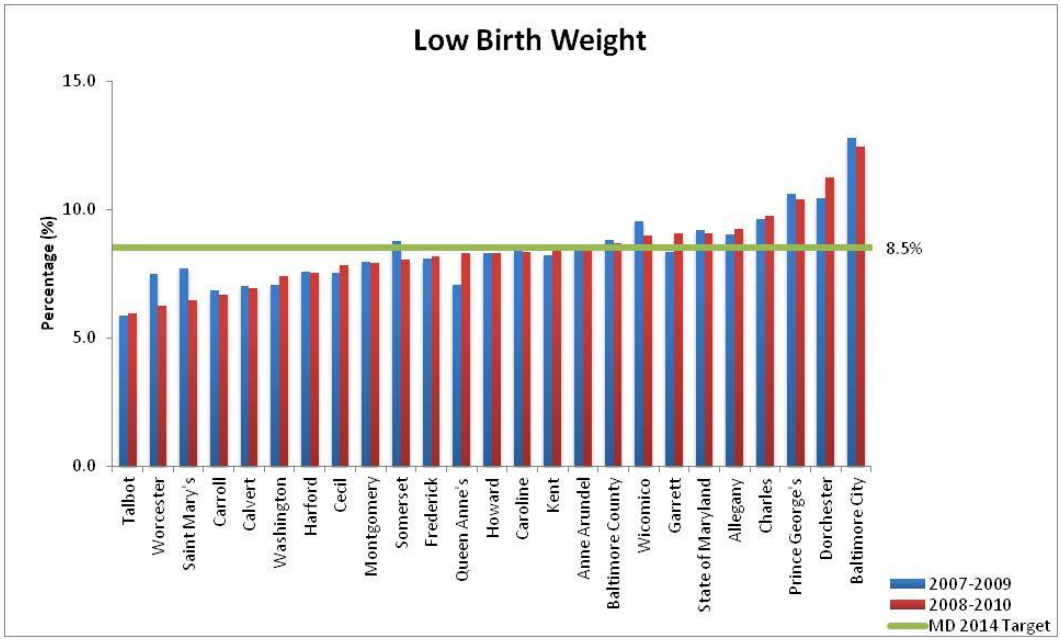
National Data Source: Healthy People 2020, National Vital Statistics System
Maryland Data Source: Maryland DHMH Vital Statistics Administration

National Baseline	Maryland SHIP	Year	Total	Black	NH White	SHIP 2014 Target
8.2 (2007)	Baseline	2009	9.2	13.0	7.0	8.5
	Update	2010	8.8	12.0	6.9	

Objective 3: Reduce the Percent of Low Births Weight

Local-Level Data

Measure: Percentage of births that are low birth weight - 2500 grams or less



Data Source: Maryland DHMH Vital Statistics Administration

County	2007-2009	2008-2010
State of Maryland	9.2	9.1
Allegany	9.0	9.2
Anne Arundel	8.5	8.5
Baltimore City	12.8	12.5
Baltimore County	8.8	8.7
Calvert	7.0	6.9
Caroline	8.4	8.4
Carroll	6.8	6.7
Cecil	7.6	7.8
Charles	9.6	9.8
Dorchester	10.4	11.3
Frederick	8.1	8.2
Garrett	8.4	9.1

County	2007-2009	2008-2010
Harford	7.6	7.6
Howard	8.3	8.3
Kent	8.2	8.4
Montgomery	8.0	7.9
Prince George's	10.6	10.4
Queen Anne's	7.0	8.3
Saint Mary's	7.7	6.5
Somerset	8.8	8.1
Talbot	5.9	5.9
Washington	7.1	7.4
Wicomico	9.5	9.0
Worcester	7.5	6.3

Objective 3: Reduce the Percent of Low Births Weight

Data Details	
National Data	
Source	Healthy People 2020, National Vital Statistics System (NVSS), CDC, NCHS
Year	2007
Maryland Data	
Source	Maryland DHMH Vital Statistics Administration
Year	
Baseline	2009
Update	2010
Calculation	
Numerator	Number of babies born <2500 grams
Denominator	Number of live births
Population source	Maryland DHMH Vital Statistics Administration
Single year method	(x/y)*100
Combined year method	Total number of LBW babies divided by total number of births
Notes	
Race/ethnicity	Race and Hispanic origin are reported separately. Data for persons of Hispanic origin are included in the data for each race group according to self-reported race except whites. Rates for non-Hispanic whites are reported. Hispanic rates include all deaths to persons of Hispanic origin of any race.
Censoring	
Origin	Data obtained from the DHMH Maternal and Child Health Bureau, Lee Hurt, 5/30/12
Other	---

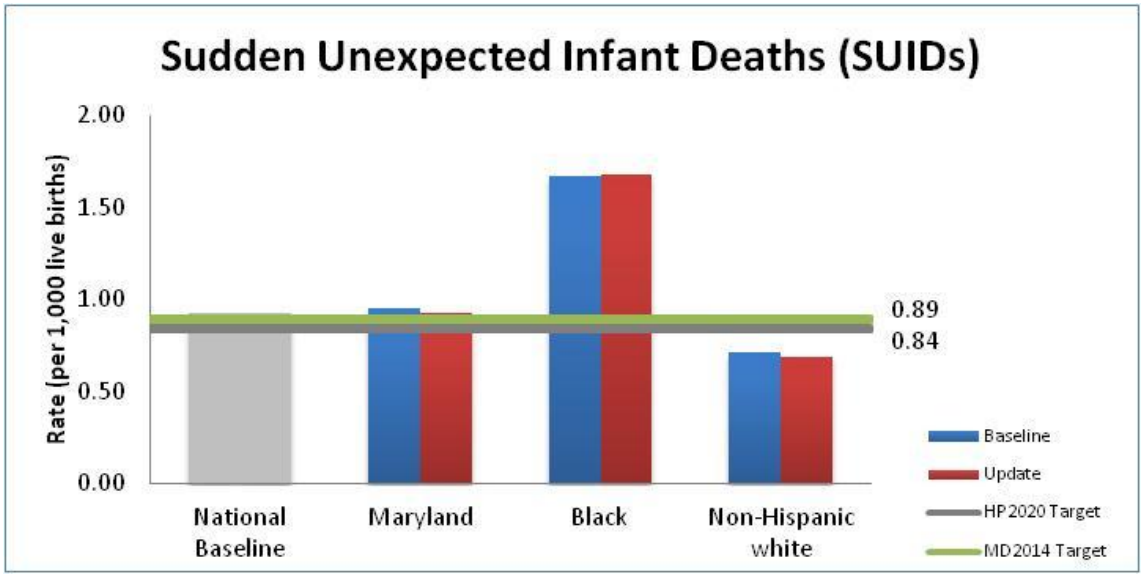
Objective 4: Reduce sudden unexpected infant deaths (SUIDs)

Sudden unexpected infant deaths (SUIDs) include deaths from Sudden Infant Death Syndrome (SIDS), unknown cause, accidental suffocation and strangulation in bed. Three hundred and sixty-two babies died from SUIDs in Maryland from 2005-2009.

Update Summary: On track or meeting the Maryland 2014 Target

Statistics and Goals

Measure: Rate of sudden unexpected infant deaths (SUIDs) (per 1,000 live births)



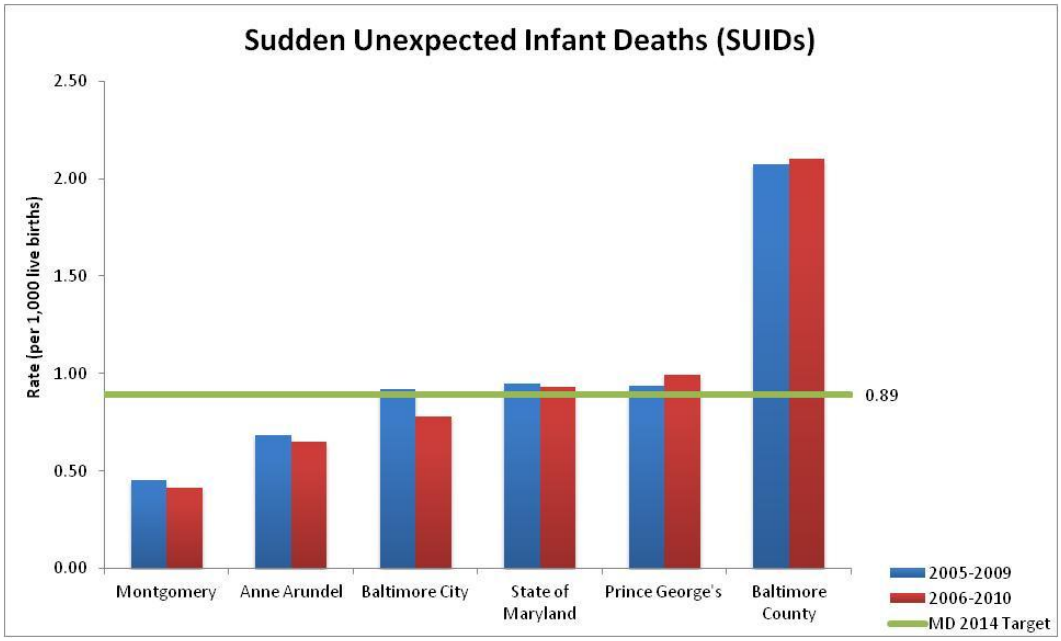
National Data Source: Healthy People 2020, National Vital Statistics System
Maryland Data Source: Maryland DHMH Vital Statistics Administration

National Baseline	Maryland SHIP	Year	Total	Black	NH White	SHIP 2014 Target
0.93 (2006)	Baseline	2005-2009	0.95	1.67	0.71	0.89
	Update	2006-2010	0.93	1.68	0.69	

Objective 4: Reduce Sudden Unexpected Infant Deaths (SUIDs)

Local-Level Data

Measure: Rate of sudden unexplained infant deaths (SUIDs) (per 1,000 live births)



Data Source: Maryland DHMH Vital Statistics Administration

County	2005-2009	2006-2010
State of Maryland	0.95	0.93
Allegany	7 (Count only)	7 (Count only)
Anne Arundel	0.68	0.65
Baltimore City	0.92	0.78
Baltimore County	2.07	2.10
Calvert	4 (Count only)	3 (Count only)
Caroline	2 (Count only)	2 (Count only)
Carroll	6 (Count only)	7 (Count only)
Cecil	6 (Count only)	7 (Count only)
Charles	6 (Count only)	10 (Count only)
Dorchester	7 (Count only)	7 (Count only)
Frederick	15 (Count only)	13 (Count only)
Garrett	0 (Count only)	0 (Count only)

County	2005-2009	2006-2010
Harford	11 (Count only)	11 (Count only)
Howard	5 (Count only)	4 (Count only)
Kent	2 (Count only)	1 (Count only)
Montgomery	0.45	0.41
Prince George's	0.94	0.99
Queen Anne's	1 (Count only)	2 (Count only)
Saint Mary's	8 (Count only)	8 (Count only)
Somerset	3 (Count only)	3 (Count only)
Talbot	1 (Count only)	1 (Count only)
Washington	10 (Count only)	9 (Count only)
Wicomico	8 (Count only)	8 (Count only)
Worcester	0 (Count only)	0 (Count only)

Objective 4: Reduce Sudden Unexpected Infant Deaths (SUIDs)

Data Details	
National Data	
Source	Healthy People 2020, National Vital Statistics System (NVSS), CDC, NCHS
Year	2006
Maryland Data	
Source	Maryland DHMH Vital Statistics Administration
Year	
Baseline	2005-2009
Update	2006-2010
Calculation	
Numerator	Number of infant deaths attributable to Sudden Infant Death Syndrome (SIDS), Accidental Suffocation and Strangulation in Bed (ASSB), and deaths of unknown cause
Denominator	Number of live births
Population source	Maryland DHMH Vital Statistics Administration
Single year method	(x/y)*1,000
Combined year method	Total number of deaths divided by total number of births
Notes	
Race/ethnicity	Race and Hispanic origin are reported separately. Data for persons of Hispanic origin are included in the data for each race group according to self-reported race except whites. Rates for non-Hispanic whites are reported. Hispanic rates include all deaths to persons of Hispanic origin of any race.
Censoring	Rate not reported if number of deaths was less than 20.
Origin	Data obtained from the DHMH Maternal and Child Health Bureau, Lee Hurt, 5/30/12
Other	---

Objective 5: Reduce the number teen births

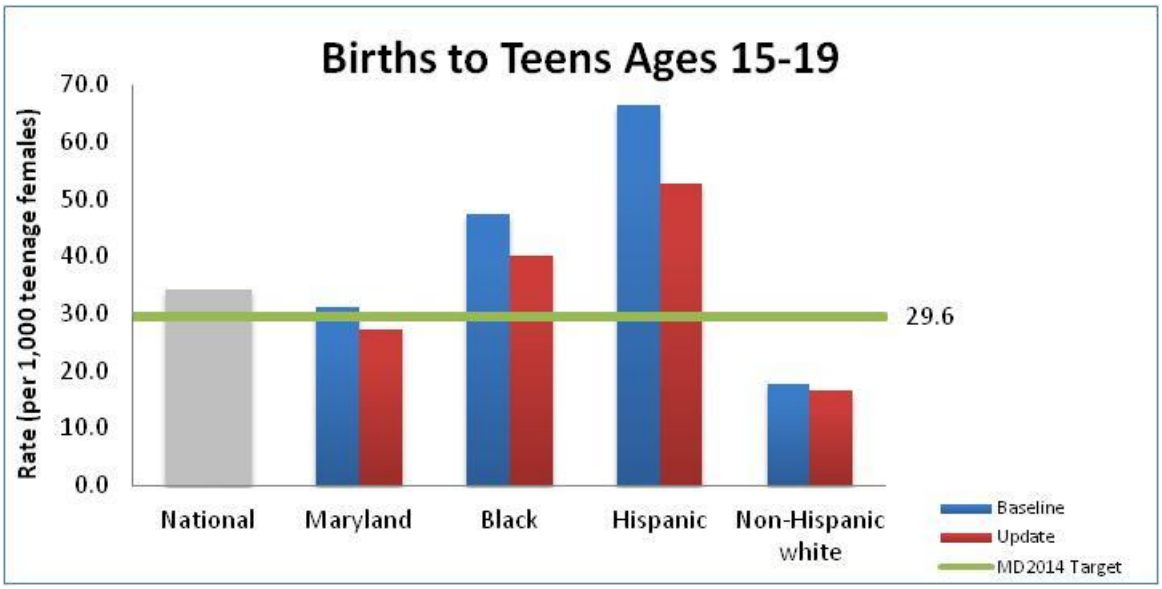
Teen pregnancy is linked to a host of social problems such as poverty, lack of overall child well-being, out-of-wedlock births, lack of responsible fatherhood, health issues, school failure, child abuse and neglect and at-risk behaviors.

Update Summary: On track or meeting the Maryland 2014 Target

Due to the difficulty in determining the local levels of pregnancy intendedness using the PRAMS report, the indicator was changed to the rate of births to teens age 15 – 19. A new 5% improvement target has been set using the 2009 teen birth data as the baseline.

Statistics and Goals

Measure: Rate of births to teens ages 15-19 years (per 1,000 population)



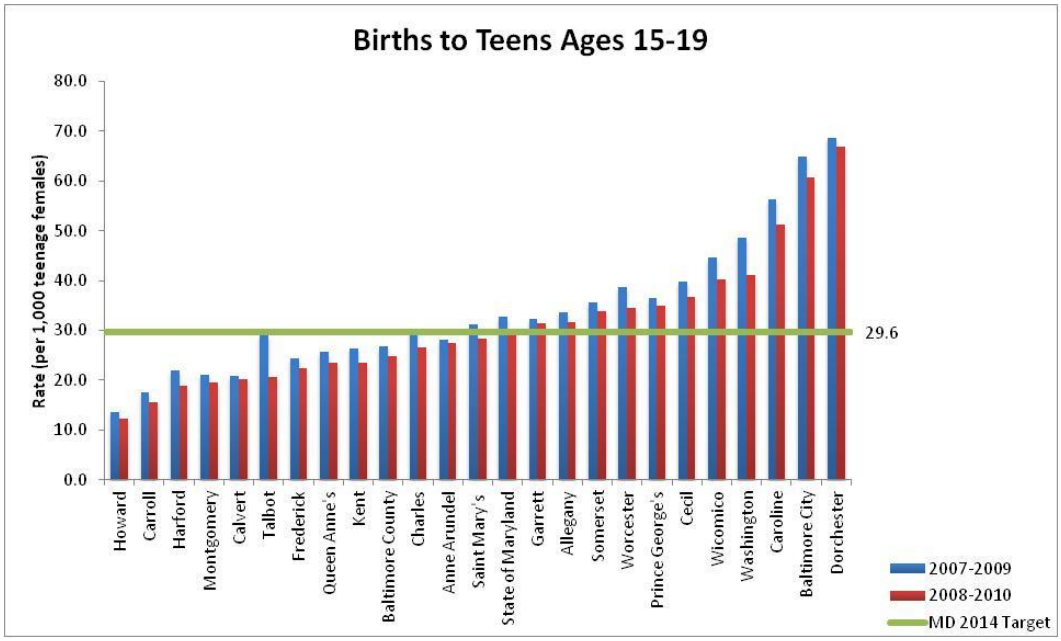
National Data Source: National Vital Statistics System
Maryland Data Source: Maryland DHMH Vital Statistics Administration

National	Maryland SHIP	Year	Total	Black	Hispanic	NH White	SHIP 2014 Target
34.3 (2009)	Baseline	2009	31.2	47.4	66.4	17.6	29.6
	Update	2010	27.2	40.1	52.7	16.6	

Objective 5: Reduce the number of Teen Births

Local-Level Data

Measure: Rate of births to teens ages 15-19 years (per 1,000 population)



Data Source: Maryland DHMH Vital Statistics Administration

County	2007-2009	2008-2010
State of Maryland	32.8	30.4
Allegany	33.7	31.7
Anne Arundel	28.1	27.5
Baltimore City	64.9	60.6
Baltimore County	26.8	24.9
Calvert	20.9	20.1
Caroline	56.2	51.2
Carroll	17.5	15.6
Cecil	39.7	36.6
Charles	29.8	26.5
Dorchester	68.7	66.9
Frederick	24.4	22.3
Garrett	32.2	31.5

County	2007-2009	2008-2010
Harford	22.0	18.9
Howard	13.6	12.2
Kent	26.3	23.4
Montgomery	21.1	19.6
Prince George's	36.6	34.9
Queen Anne's	25.8	23.4
Saint Mary's	31.2	28.4
Somerset	35.6	33.8
Talbot	28.9	20.7
Washington	48.5	41.1
Wicomico	44.7	40.3
Worcester	38.7	34.5

Objective 5: Reduce the number of Teen Births

Data Details	
National Data	
Source	National Vital Statistics System (NVSS), CDC, NCHS Births: Final Data for 2009 http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_01.pdf
Year	2009
Maryland Data	
Source	Maryland DHMH Vital Statistics Administration*
Year	
Baseline	2009
Update	2010
Calculation	
Numerator	Number of births to mothers 15-19 years of age
Denominator	Population of females aged 15-19 years
Population source	Maryland DHMH Vital Statistics Administration
Single year method	(x/y)*1,000
Combined year method	Total number of births divided by total population
Notes	
Race/ethnicity	Race and Hispanic origin are reported separately. Data for persons of Hispanic origin are included in the data for each race group according to self-reported race except whites. Rates for non-Hispanic whites are reported. Hispanic rates include all deaths to persons of Hispanic origin of any race.
Censoring	
Origin	Data obtained from the DHMH Maternal and Child Health Bureau, Lee Hurt, 5/30/12
Other	New Data Source for Year 2: Due to the difficulty in determining the local levels of pregnancy intendedness using the Maryland Pregnancy Risk Assessment Monitoring System (PRAMS), the indicator was changed from percentage of pregnancies that were intended in year 1 to the rate of births to teens age 15 – 19 in year 2. A new 5% improvement target has been set using 2009 teen birth data as the baseline.

Objective 6: Increase the percent of pregnant women starting prenatal care in the 1st trimester

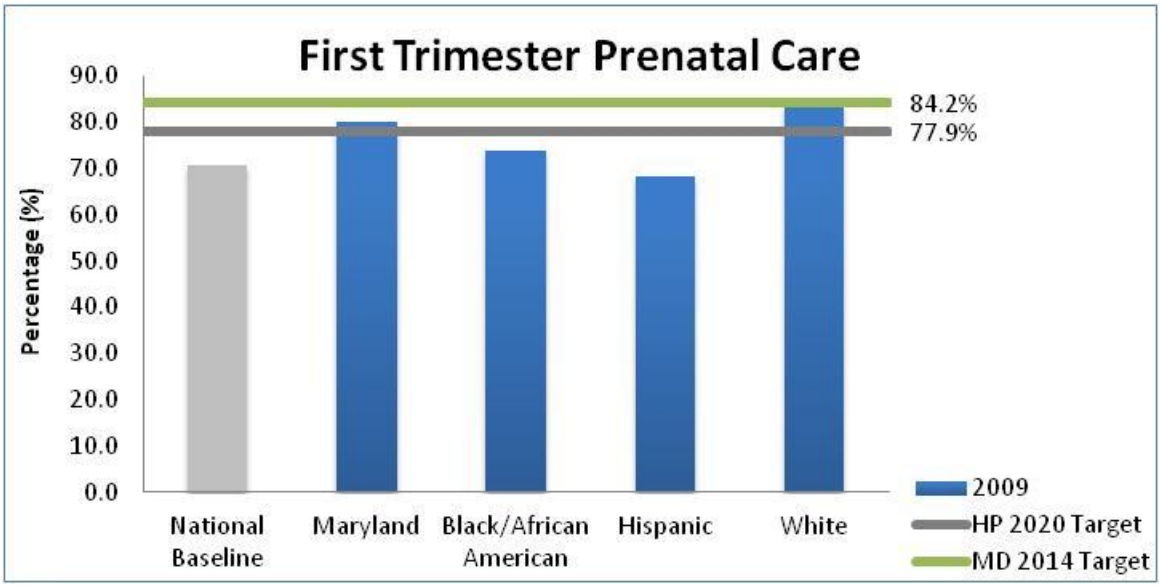
Inadequate prenatal care services have been linked to higher rates of infant mortality, low birth weight and pre-term deliveries. While Maryland as a whole ranks better than the National average and the Healthy People 2020 Target, disparities still exist.

Update Summary: Pending

Due to the change in methodology for collecting information on the Maryland birth certificate, data collected in 2010 and after are not comparable to data collected in earlier years.

Statistics and Goals

Measure: Percentage of pregnant women who receive prenatal care beginning in the first trimester



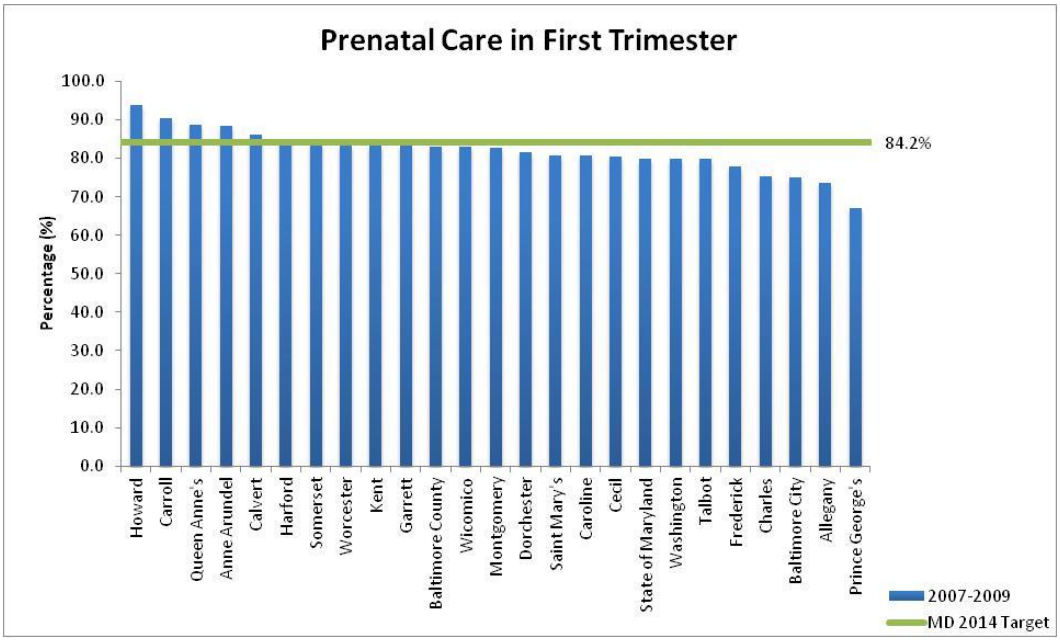
National Data Source: Healthy People 2020, National Center for Health Statistics
Maryland Data Source: Maryland DHMH Vital Statistics Administration

National Baseline	Maryland SHIP	Year	Total	Black	Hispanic	White	SHIP 2014 Target
70.8 (2007)	Baseline	2009	80.2	73.7	68.1	83.9	84.2

Objective 6: Increase the Percent of First Trimester Prenatal Care

Local-Level Data

Measure: Percentage of women who receive prenatal care beginning in the first trimester



Data Source: Maryland Behavioral Risk Factor Surveillance System

County	2008-2010
State of Maryland	80.0
Allegany	73.5
Anne Arundel	88.3
Baltimore City	75.0
Baltimore County	83.1
Calvert	86.0
Caroline	80.7
Carroll	90.5
Cecil	80.4
Charles	75.4
Dorchester	81.5
Frederick	77.9
Garrett	83.2

County	2008-2010
Harford	84.8
Howard	94.0
Kent	83.2
Montgomery	82.8
Prince George's	67.0
Queen Anne's	88.7
Saint Mary's	80.8
Somerset	84.0
Talbot	79.7
Washington	79.8
Wicomico	83.1
Worcester	83.3

Objective 6: Increase the Percent of First Trimester Prenatal Care

Data Details	
National Data	
Source	Healthy People 2020, National Vital Statistics System (NVSS), CDC, NCHS
Year	2007
Maryland Data	
Source	Maryland DHMH Vital Statistics Administration
Year	
Baseline	2009
Update	---
Calculation	
Numerator	Number of mothers who began prenatal care in the first trimester
Denominator	Number of live births
Population source	Maryland DHMH Vital Statistics Administration
Single year method	(x/y)*100
Combined year method	Total number of mothers divided by total number of births
Notes	
Race/ethnicity	Race and Hispanic origin are reported separately. Data for persons of Hispanic origin are included in the data for each race group according to to the mother's reported race. Hispanic rates include all deaths to persons of Hispanic origin of any race.
Censoring	---
Origin	Data obtained from the DHMH Vital Statistics Administration, Aug 2011
Other	---

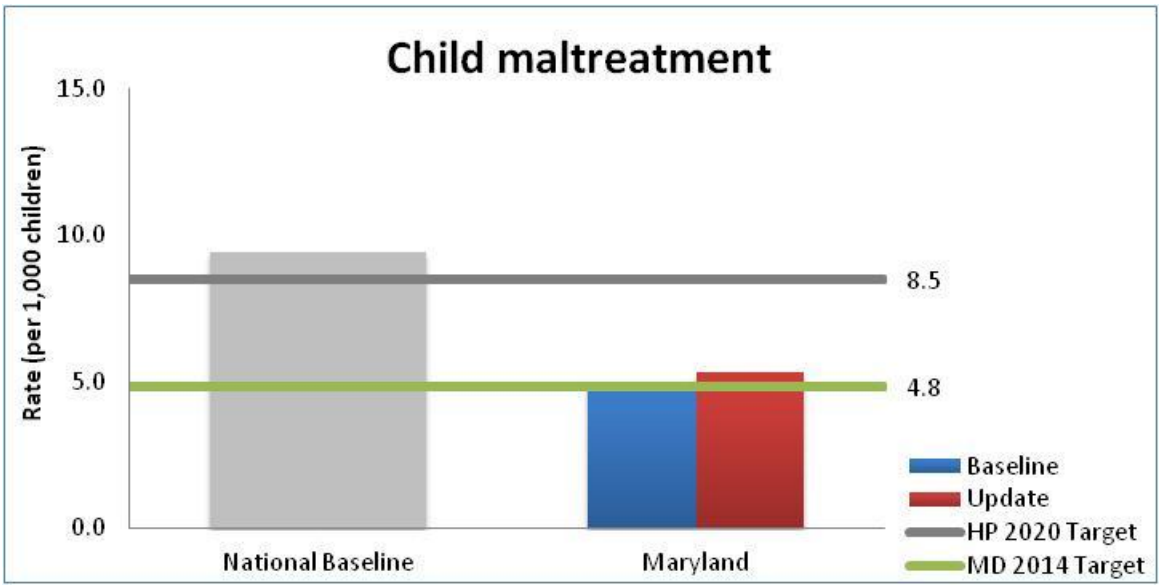
Objective 7: Reduce child maltreatment

Child abuse or neglect can result in physical harm, developmental delays, behavioral problems, or death. Abused and neglected children are at greater risk than other children for delinquency and mistreatment of their own children.

Update Summary: Not moving toward the Maryland 2014 Target

Statistics and Goals

Measure: Rate of children who are maltreated (per 1,000 population under the age of 18)



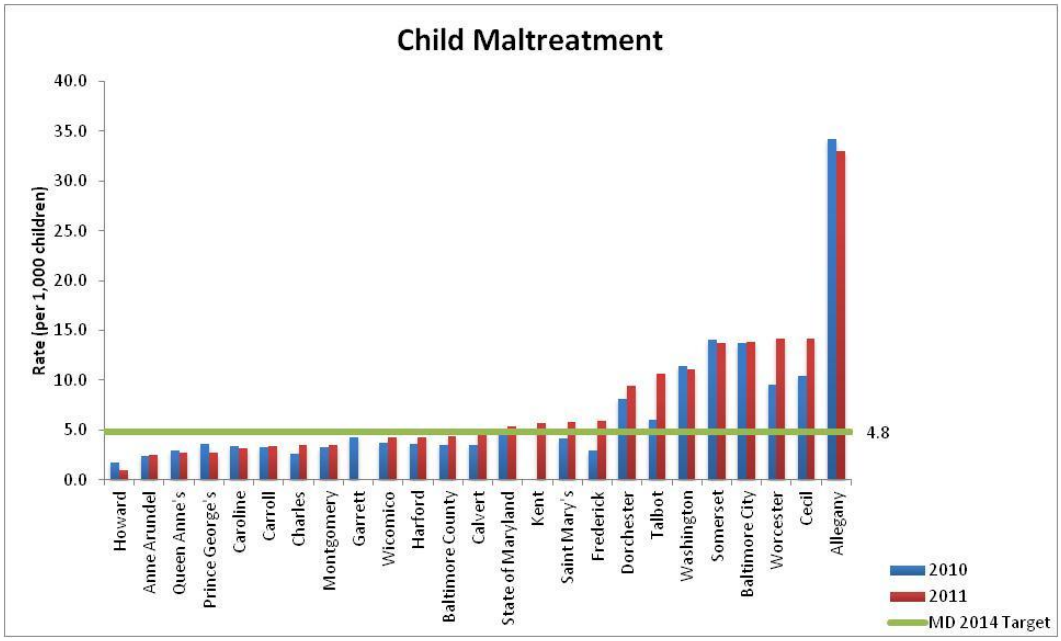
National Data Source: Healthy People 2020, National Child Abuse And Neglect Reporting System
Maryland Data Source: Maryland Department of Human Resources (DHR)

National Baseline	Maryland SHIP	Year	Total	SHIP 2014 Target
9.4 (2008)	Baseline	2010	5.0	4.8
	Update	2011	5.3	

Objective 7: Reduce child maltreatment

Local-Level Data

Measure: Rate of children who are maltreated (per 1,000 population under the age of 18)



Data Source: Maryland Department of Human Resources (DHR)
Note from DHR: A review of referrals received, cases assigned and investigation results does not indicate an unduly high rate of reported child maltreatment in Allegany County

County	2010	2011
State of Maryland	5.0	5.3
Allegany	34.2	33.0
Anne Arundel	2.4	2.5
Baltimore City	13.8	13.8
Baltimore County	3.5	4.4
Calvert	3.4	4.9
Caroline	3.4	3.2
Carroll	3.2	3.3
Cecil	10.5	14.2
Charles	2.6	3.4
Dorchester	8.1	9.5
Frederick	2.9	5.9
Garrett	4.2	19 (Count only)

County	2010	2011
Harford	3.5	4.3
Howard	1.8	1.0
Kent	12 (Count only)	5.7
Montgomery	3.2	3.5
Prince George's	3.6	2.7
Queen Anne's	2.9	2.7
Saint Mary's	4.2	5.8
Somerset	14.1	13.7
Talbot	6.0	10.6
Washington	11.4	11.1
Wicomico	3.7	4.2
Worcester	9.6	14.2

Objective 7: Reduce child maltreatment

Data Details	
National Data	
Source	National Child Abuse and Neglect Reporting System
Year	2008
Maryland Data	
Source	Maryland Department of Human Resources (DHR)
Year	
Baseline	2010
Update	2011
Calculation	
Numerator	Number of total "indicated" findings for physical and sexual abuse, mental injury-abuse, neglect, and mental injury-neglect among children
Denominator	Number of children under age 18 years
Population source	Maryland Department of Planning (MDP)
Single year method	(x/y)*1,000
Combined year method	---
Notes	
Race/ethnicity	---
Censoring	Rates not reported if number of cases was less than 20
Origin	Data received by email from Maryland Department of Human Resources, David Ayer, 7/26/2012
Other	---

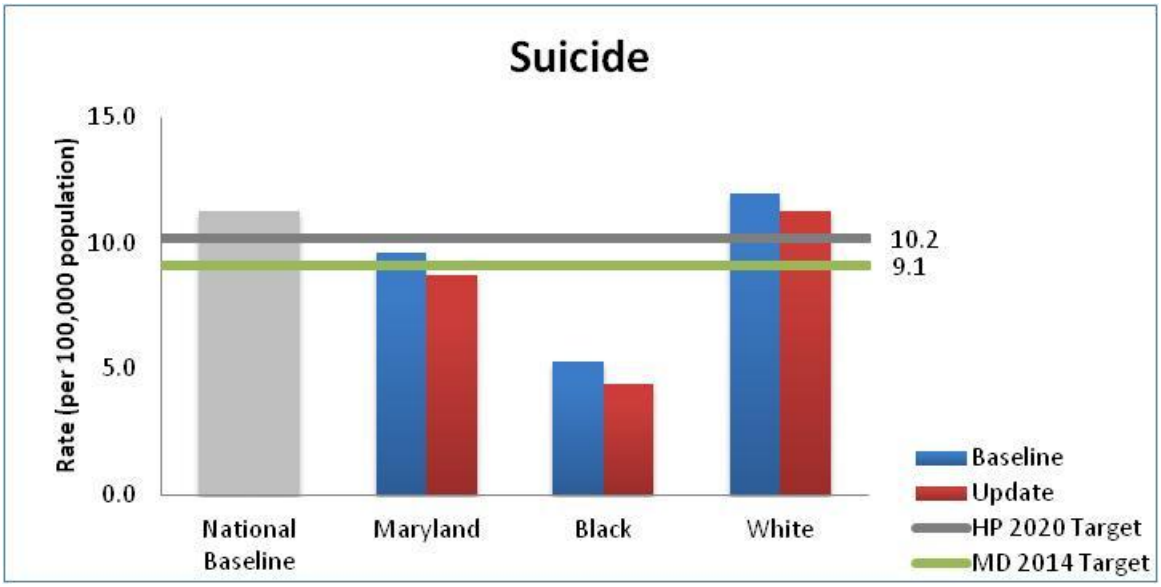
Objective 8: Reduce the suicide rate

Suicide is a serious public health problem that can have lasting effects on individuals, families, and communities. Mental disorders and/or substance abuse have been found in the great majority of people who have died by suicide. In Maryland, approximately 500 lives are lost each year to this preventable cause of death.

Update Summary: On track or meeting the Maryland 2014 Target

Statistics and Goals

Measure: Rate of suicides (per 100,000 population)



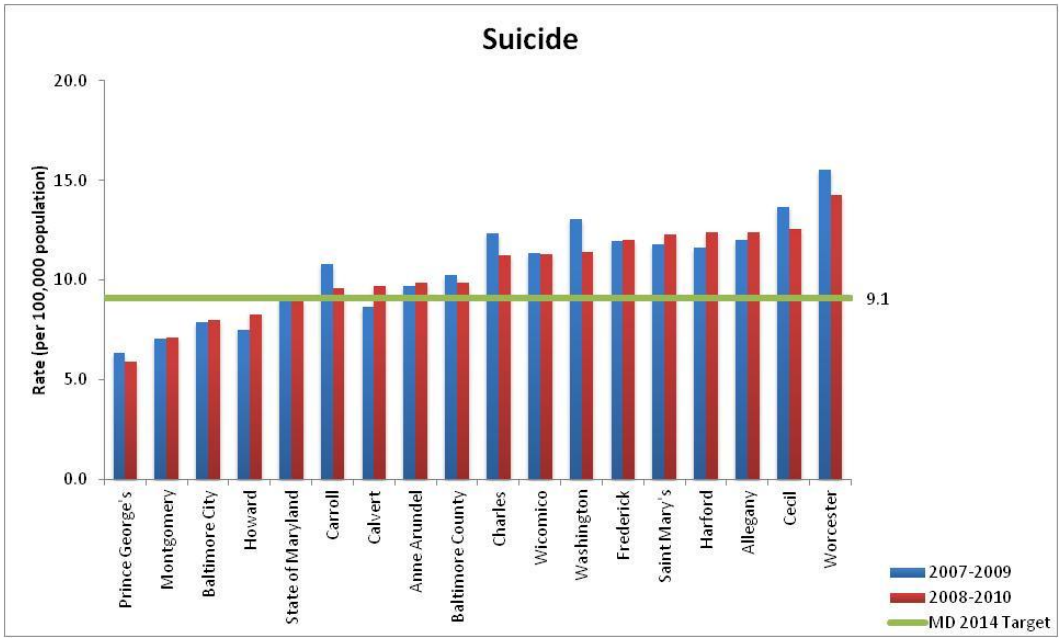
National Data Source: Healthy People 2020, National Vital Statistics System
Maryland Data Source: Maryland DHMH Vital Statistics Administration

National Baseline	Maryland SHIP	Year	Total	Black	White	SHIP 2014 Target
11.3 (2007)	Baseline	2009	9.6	5.3	12.0	9.1
	Update	2010	8.7	4.4	11.3	

Objective 8: Reduce the suicide rate

Local-Level Data

Measure: Rate of suicides (per 100,000 population)



Data Source: Maryland DHMH Vital Statistics Administration

County	2007-2009	2008-2010
State of Maryland	9.1	9.0
Allegany	12.0	12.4
Anne Arundel	9.7	9.8
Baltimore City	7.9	8.0
Baltimore County	10.2	9.9
Calvert	8.6	9.7
Caroline	4 (Count only)	5 (Count only)
Carroll	10.8	9.6
Cecil	13.7	12.6
Charles	12.3	11.2
Dorchester	10 (Count only)	8 (Count only)
Frederick	12.0	12.0
Garrett	9 (Count only)	9 (Count only)

County	2007-2009	2008-2010
Harford	11.6	12.4
Howard	7.5	8.3
Kent	12 (Count only)	10 (Count only)
Montgomery	7.0	7.1
Prince George's	6.3	5.9
Queen Anne's	14 (Count only)	16 (Count only)
Saint Mary's	11.8	12.3
Somerset	4 (Count only)	5 (Count only)
Talbot	14 (Count only)	16 (Count only)
Washington	13.1	11.4
Wicomico	11.3	11.3
Worcester	15.6	14.3

Objective 8: Reduce the suicide rate

Data Details	
National Data	
Source	National Vital Statistics System
Year	2007
Maryland Data	
Source	Maryland DHMH Vital Statistics Administration (VSA)
Year	
Baseline	2009
Update	2010
Calculation	
Numerator	Number of deaths due to suicide (ICD-10 codes X60-X84, U0)
Denominator	Number of persons (population)
Population source	Maryland DHMH Vital Statistics Administration (VSA)
Single year method	(x/y)*100,000
Combined year method	Average number of deaths divided by the total population of middle year
Notes	
Race/ethnicity	Race and Hispanic origin are reported separately. Data for persons of Hispanic origin are included in the data for each race group. Hispanic rates include all deaths to persons of Hispanic origin of any race.
Censoring	Rates not reported if number of deaths was less than 20
Origin	Data requested and received from Maryland Office of Vital Statistics, Hal Sommers 3/2012
Other	---

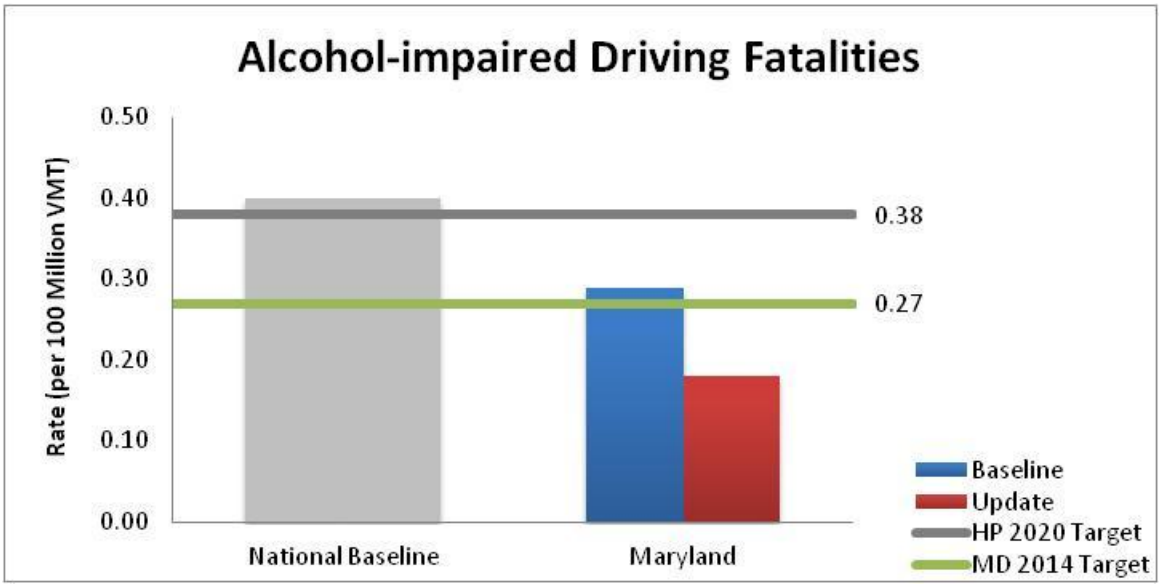
Objective 9: Decrease the rate of alcohol-impaired driving fatalities

Alcohol-impaired driving contributes to a significant number of traffic fatalities in Maryland and creates an unsafe environment for drivers and passengers. Alcohol-impaired driving is often related to substance abuse, a preventable and treatable behavioral health problem.

Update Summary: On track or meeting the Maryland 2014 Target

Statistics and Goals

Measure: Rate of alcohol-impaired driving fatalities (per 100 million Vehicle Miles Traveled)



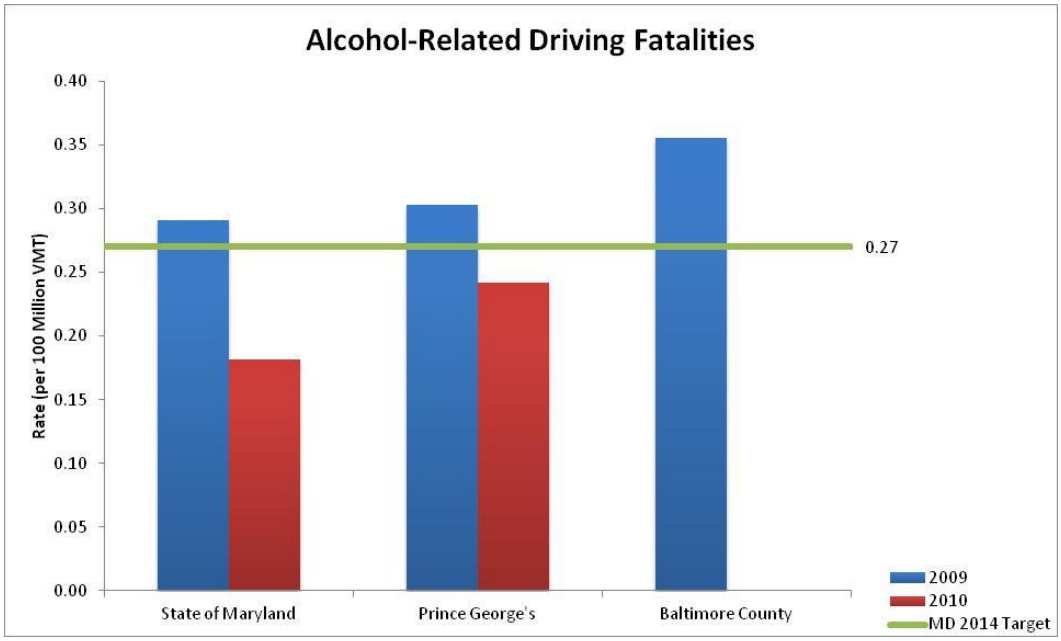
National Data Source: Healthy People 2020, US Dept of Transportation, Fatality Analysis Reporting System (FARS)
Maryland Data Source: Maryland State Highway Administration (SHA)

National Baseline	Maryland SHIP	Year	Total	SHIP 2014 Target
0.40 (2008)	Baseline	2009	0.29	0.27
	Update	2010	0.18	

Objective 9: Decrease the rate of alcohol-impaired driving fatalities

Local-Level Data

Measure: Rate of alcohol-impaired driving fatalities (per 100 million vehicle miles of traveled (VMT))



Data Source: Maryland State Highway Administration (SHA)

County	2009	2010
State of Maryland	0.29	0.18
Allegany	1 (Count only)	2 (Count only)
Anne Arundel	17 (Count only)	7 (Count only)
Baltimore City	13 (Count only)	5 (Count only)
Baltimore County	0.36	10 (Count only)
Calvert	0 (Count only)	5 (Count only)
Caroline	1 (Count only)	3 (Count only)
Carroll	4 (Count only)	7 (Count only)
Cecil	5 (Count only)	3 (Count only)
Charles	4 (Count only)	2 (Count only)
Dorchester	2 (Count only)	0 (Count only)
Frederick	5 (Count only)	8 (Count only)
Garrett	4 (Count only)	2 (Count only)

County	2009	2010
Harford	11 (Count only)	5 (Count only)
Howard	7 (Count only)	5 (Count only)
Kent	0 (Count only)	0 (Count only)
Montgomery	11 (Count only)	6 (Count only)
Prince George's	0.30	0.24
Queen Anne's	1 (Count only)	2 (Count only)
Saint Mary's	1 (Count only)	1 (Count only)
Somerset	0 (Count only)	0 (Count only)
Talbot	2 (Count only)	1 (Count only)
Washington	9 (Count only)	2 (Count only)
Wicomico	3 (Count only)	2 (Count only)
Worcester	5 (Count only)	3 (Count only)

Objective 9: Decrease the rate of alcohol-impaired driving fatalities

Data Details	
National Data	
Source	US Department of Transportation, Fatality Analysis Reporting System (FARS)
Year	2008
Maryland Data	
Source	Maryland State Highway Administration (SHA)
Year	
Baseline	2009
Update	2010
Calculation	
Numerator	Number of deaths in which the blood alcohol level of the driver was greater than 0.08
Denominator	Number of millions of vehicle miles traveled (VMT)
Population source	---
Single year method	(x/y)*100
Combined year method	---
Notes	
Race/ethnicity	---
Censoring	Rates not reported in number of deaths was less than 20
Origin	Counts received by email from Maryland State Highway Administration, Susie Wellman, 6/2012
Other	---

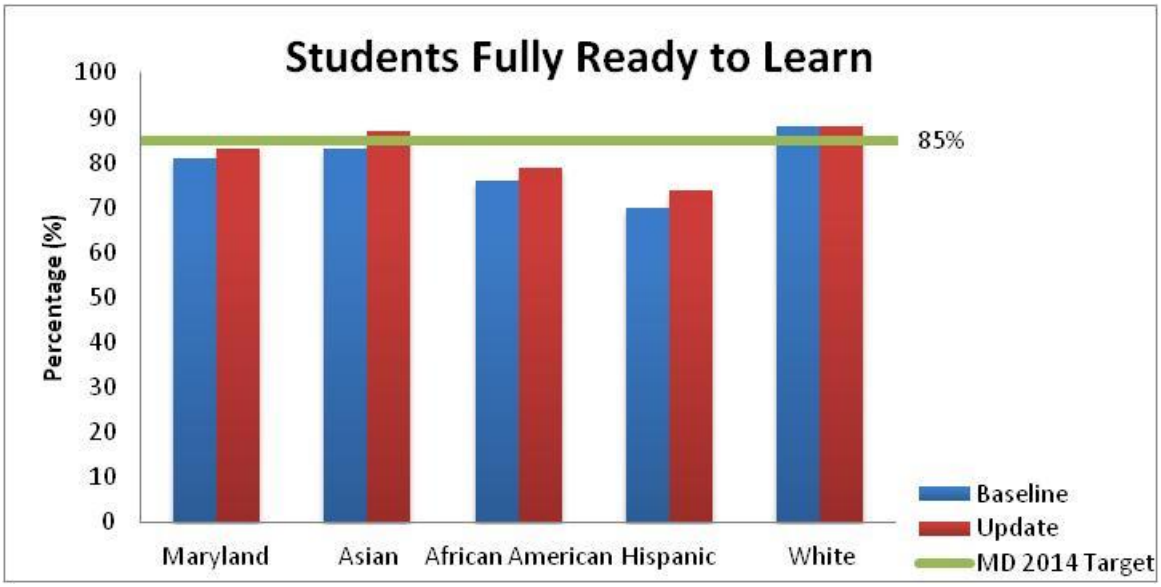
Objective 10: Increase the percentage of students who enter kindergarten ready to learn

Readiness to learn in the first year of school is strongly linked to later school success, which is predictive of adult health. Full readiness to learn is defined as consistently demonstrating skills, behaviors, and abilities which are needed to successfully meet kindergarten expectations.

Update Summary: On track or meeting the Maryland 2014 Target

Statistics and Goals

Measure: Percentage of students who enter kindergarten fully ready to learn



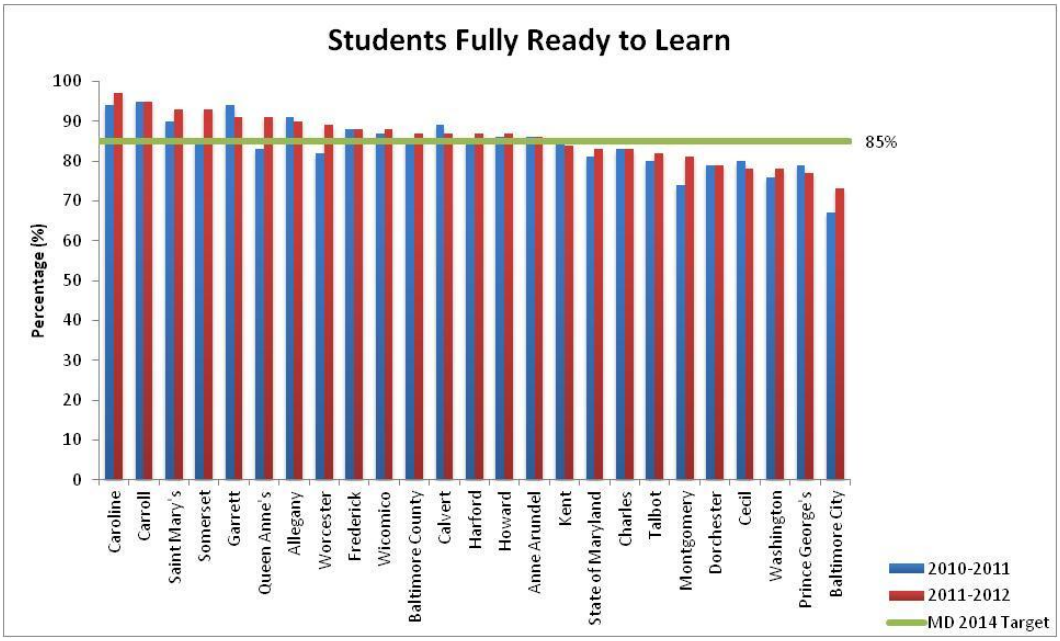
Maryland Data Source: Maryland State Department of Education (MSDE)

Maryland SHIP	Year	Total	Asian	African American	Hispanic	White	SHIP 2014 Target
Baseline	2010-2011	81	83	76	70	88	85
Update	2011-2012	83	81	79	74	88	

Objective 10: Increase percentage of students who enter kindergarten ready to learn

Local-Level Data

Measure: Percentage of students who enter kindergarten fully ready to learn



Data Source: Maryland State Department of Education (MSDE)

County	2010-2011	2011-2012
State of Maryland	81	83
Allegany	91	90
Anne Arundel	86	86
Baltimore City	67	73
Baltimore County	85	87
Calvert	89	87
Caroline	94	97
Carroll	95	95
Cecil	80	78
Charles	83	83
Dorchester	79	79
Frederick	88	88
Garrett	94	91
Harford	85	87
Howard	86	87
Kent	85	84
Montgomery	74	81

County	2010-2011	2011-2012
Prince George's	79	77
Queen Anne's	83	91
Saint Mary's	90	93
Somerset	85	93
Talbot	80	82
Washington	76	78
Wicomico	87	88
Worcester	82	89

Objective 10: Increase percentage of students who enter kindergarten ready to learn

Data Details	
National Data	
Source	---
Year	---
Maryland Data	
Source	Maryland State Department of Education (MSDE)
Year	
Baseline	2010-2011
Update	2011-2012
Calculation	
Numerator	Number of children who "consistently demonstrate skills, behaviors, and abilities, which are needed to meet kindergarten expectations successfully" through 30 indicators across seven domains in the first quarter of kindergarten.
Denominator	Number of kindergarten students
Population source	Maryland State Department of Education (MSDE)
Single year method	(x/y)*100
Combined year method	---
Notes	
Race/ethnicity	Race and Hispanic origin are reported together using the following categories: American Indian/Alaskan Native, Asian, African American, Native Hawaiian/Pacific Islander, White or Hispanic
Censoring	Percentages not reported where number of children was less than 5
Origin	Data downloaded from the Maryland State Department of Education website in August 2012. Maryland Model for School Readiness 2010-2011 and 2011-2012 (http://marylandpublicschools.org/MSDE/divisions/child_care/early_learning/MMSR.htm).
Other	---

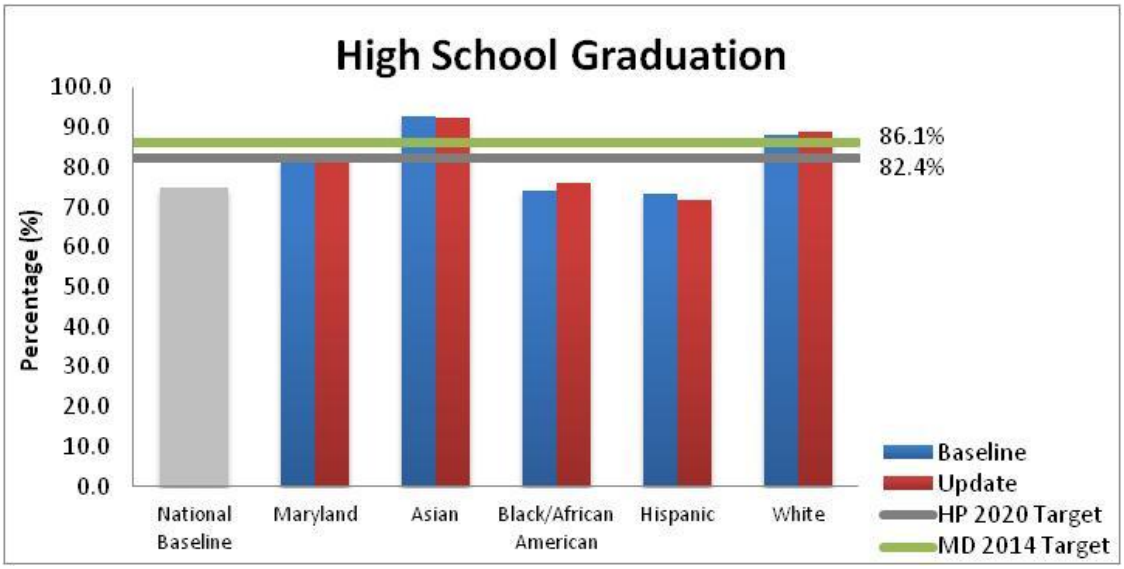
Objective 11: Increase the proportion of students who graduate high school

Completion of high school is one of the strongest predictors of health in later life. People who graduate from high school are more likely to have better health outcomes, regularly visit doctors, and live longer than those without high school diplomas.

Update Summary: Moving toward the Maryland 2014 Target

Statistics and Goals

Measure: Percentage of students who graduate high school in four years



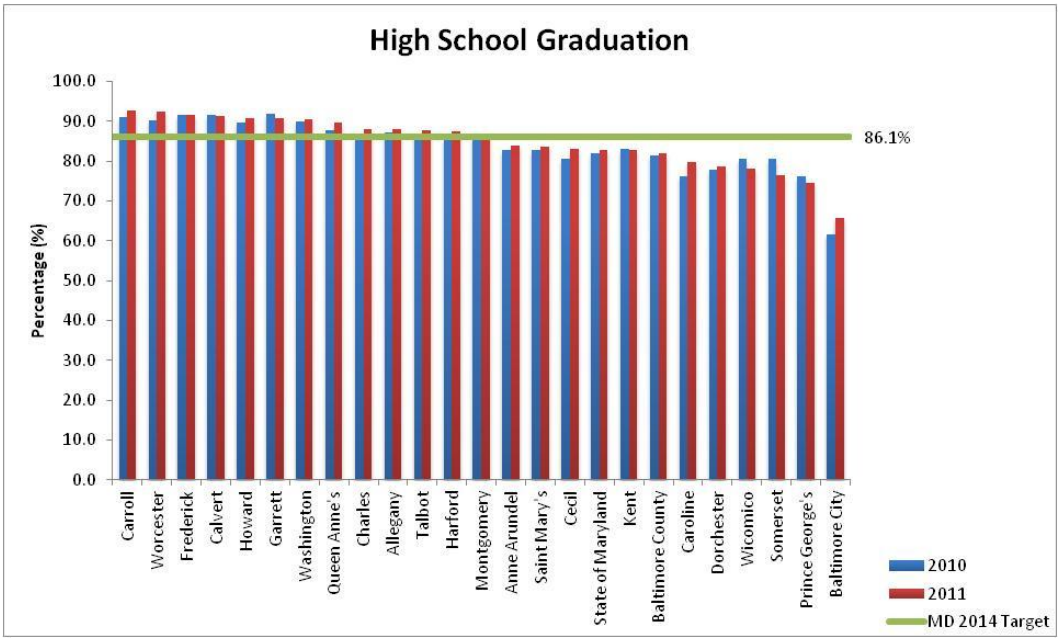
National Data Source: Healthy People 2020, National Center for Education Statistics
Maryland Data Source: Maryland State Department of Education (MSDE)

National Baseline	Maryland SHIP	Year	Total	Asian	Black/ African American	Hispanic	White	SHIP 2014 Target
74.9 (2007-2008)	Baseline	2009-2010	82.0	92.9	74.0	73.4	88.3	86.1
	Update	2010-2011	82.8	92.6	76.1	71.8	89.1	

Objective 11: Increase the proportion of students who graduate high school

Local-Level Data

Measure: Percentage of students who graduate high school in four years



Data Source: Maryland State Department of Education (MSDE)

County	2010	2011
State of Maryland	82.0	82.8
Allegany	87.2	87.9
Anne Arundel	82.8	83.7
Baltimore City	61.5	65.8
Baltimore County	81.4	81.8
Calvert	91.7	91.2
Caroline	76.2	79.9
Carroll	91.0	92.8
Cecil	80.5	83.2
Charles	86.0	88.0
Dorchester	77.8	78.5
Frederick	91.7	91.5
Garrett	92.0	90.6

County	2010	2011
Harford	85.7	87.4
Howard	89.5	90.6
Kent	83.2	82.7
Montgomery	86.2	86.8
Prince George's	76.2	74.6
Queen Anne's	87.7	89.7
Saint Mary's	82.8	83.7
Somerset	80.5	76.5
Talbot	86.9	87.6
Washington	89.8	90.4
Wicomico	80.5	78.1
Worcester	90.2	92.3

Objective 11: Increase the proportion of students who graduate high school

Data Details	
National Data	
Source	National Center for Education Statistics
Year	2007-2008
Maryland Data	
Source	Maryland State Department of Education (MSDE)
Year	
Baseline	2009-2010
Update	2010-2011
Calculation	
Numerator	Number of students who graduate in four years
Denominator	Number of students in 9th grade class (four years prior to reported year)
Population source	Maryland State Department of Education (MSDE)
Single year method	(x/y)*100
Combined year method	---
Notes	
Race/ethnicity	Race and Hispanic origin are reported together using the following categories: American Indian/Alaskan Native, Asian, African American, Native Hawaiian/Pacific Islander, White or Hispanic
Censoring	Data not reported where number of children was less than 10. Any percentage greater than or equal to 95% was reported as "≥95%".
Origin	Data downloaded from Maryland State Department of Education website in August 2012 - Maryland Report Card (www.mdreportcard.org)
Other	**IMPORTANT NOTE:** SHIP currently uses the four-year adjusted cohort graduation rate which calculates the percentage of students who graduate in 4 years in an adjusted cohort which includes the group of students who enter 9th grade for the first time, and adjusts for transfers in and out of the cohort. The SHIP previously used the Leaver Rate to measure high school graduation (see for a definition: http://www.mdreportcard.org/supporting/definitions.aspx?WDATA=def&K=01AAAA&inc=graduation).

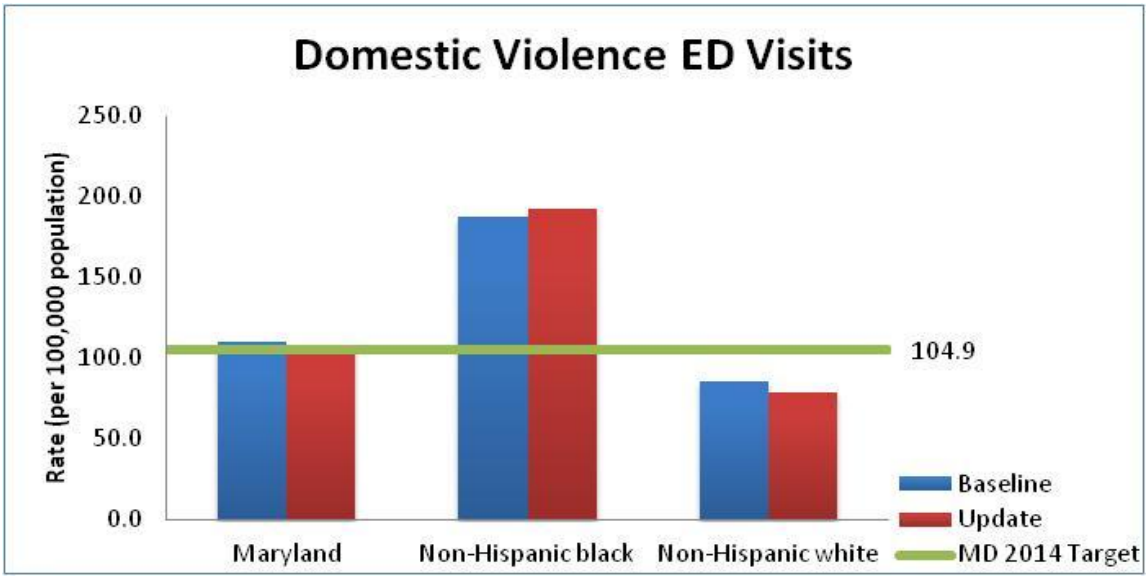
Objective 12: Reduce domestic violence

Domestic violence contributes greatly to the morbidity and mortality of Maryland citizens. Up to 40% of violent juvenile offenders witnessed domestic violence in their homes and 63% of homeless women and children have been victims of intimate partner violence as adults.

Update Summary: On track or meeting the Maryland 2014 Target

Statistics and Goals

Measure: Rate of emergency department visits related to domestic violence/abuse (per 100,000 population)



Data Source: Maryland Health Services Cost Review Commission (HSCRC)

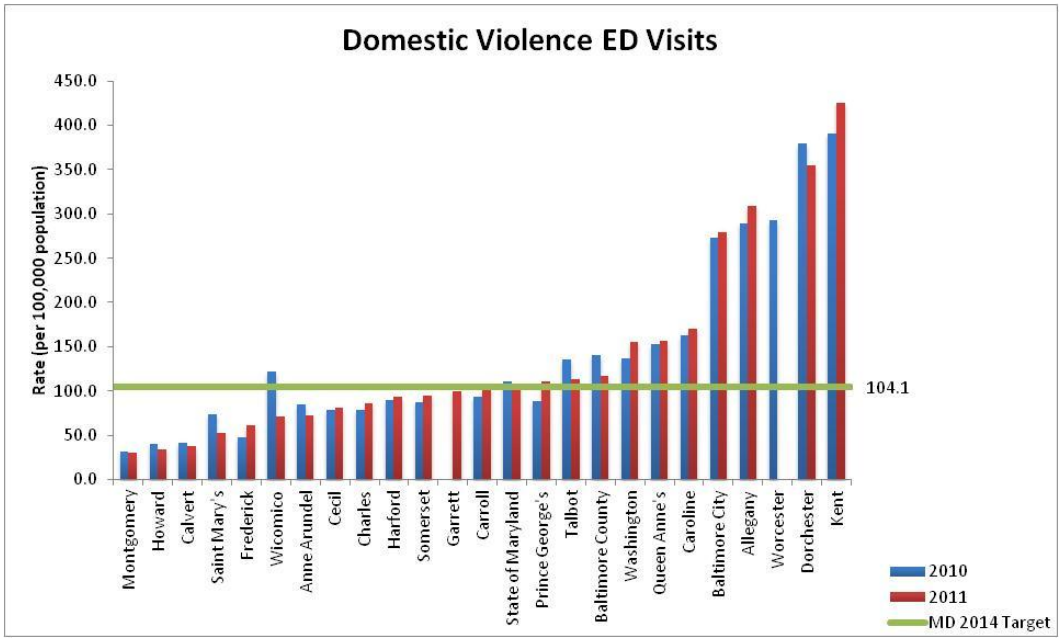
IMPORTANT: For the year 2 update, additional research was conducted and improvements were made in requesting, analyzing and displaying the hospital data. The updated 2010 figures and rates were used for the baseline, therefore they do not match the figures originally displayed for 2010.

Maryland SHIP	Year	Total	NH Black	NH White	SHIP 2014 Target
Baseline	2010	110	187.6	85.8	104.9
Update	2011	107	192.2	78.9	

Objective 12: Reduce domestic violence

Local-Level Data

Measure: Rate of emergency department visits related to domestic violence/abuse (per 100,000 population)



Data Source: Maryland Health Services Cost Review Commission (HSCRC)

Note: Data are coded by patient's county of residence. Only visits made by Maryland residents to Maryland hospitals were used for the analysis; emergency department visits made to hospitals outside of Maryland were not included.

County	2010	2011
State of Maryland	110.4	107.4
Allegany	289.0	309.3
Anne Arundel	84.4	72.9
Baltimore City	272.5	278.8
Baltimore County	140.6	116.4
Calvert	41.7	38.1
Caroline	163.3	169.8
Carroll	93.9	102.8
Cecil	79.1	81.6
Charles	78.5	86.5
Dorchester	380.2	355.4
Frederick	47.6	61.2
Garrett	19 (Count only)	99.8

County	2010	2011
Harford	89.9	93.7
Howard	40.8	33.4
Kent	391.1	425.7
Montgomery	31.8	30.4
Prince George's	87.9	110.2
Queen Anne's	152.7	157.2
Saint Mary's	73.2	52.1
Somerset	86.9	94.9
Talbot	135.0	113.1
Washington	137.0	155.9
Wicomico	121.5	71.6
Worcester	293.5	17 (Count only)

Objective 12: Reduce domestic violence

Data Details	
National Data	
Source	---
Year	---
Maryland Data	
Source	Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Inpatient and Outpatient Data Files
Year	
Baseline	2010
Update	2011
Calculation	
Numerator	Number of inpatient and outpatient emergency department visits for which the primary or secondary diagnosis was: 995.80, 995.81, 995.82, 995.83, 995.84, 995.85, 995.86, 995.89, E960.0, E960.1, E961, E962.0, E962.1, E962.2, E962.9, E963, E964, E965.0, E965.1, E965.2, E965.3, E965.4, E965.5, E965.6, E965.7, E965.8, E965.9, E966, E967.0, E967.1, E967.2, E967.3, E967.4, E967.5, E967.6, E967.7, E967.8, E967.9, E968.0, E968.1, E968.2, E968.3, E968.4, E968.5, E968.6, E968.7, E968.8, E968.9, V61.10, V61.11, V61.12, V71.5, V71.81
Denominator	Number of persons (population)
Population source	Maryland Department of Planning
Single year method	(x/y)*100,000
Combined year method	---
Notes	
Race/ethnicity	Race and Hispanic origin are reported separately. Data for persons of Hispanic origin are not included in the data for each race group. Hispanic rates include all deaths to persons of Hispanic origin of any race.
Censoring	Data not reported where number of ED visits was less than 20.
Origin	Research level data files were obtained from the Maryland Health Services Cost Review Commission in August 2012 using a data request form.
Other	**IMPORTANT: Only visits made by Maryland residents to Maryland hospitals were used for the analysis; emergency department visits made by Maryland residents to out-of-state hospitals were not included. Data are coded by patient's county of residence.**

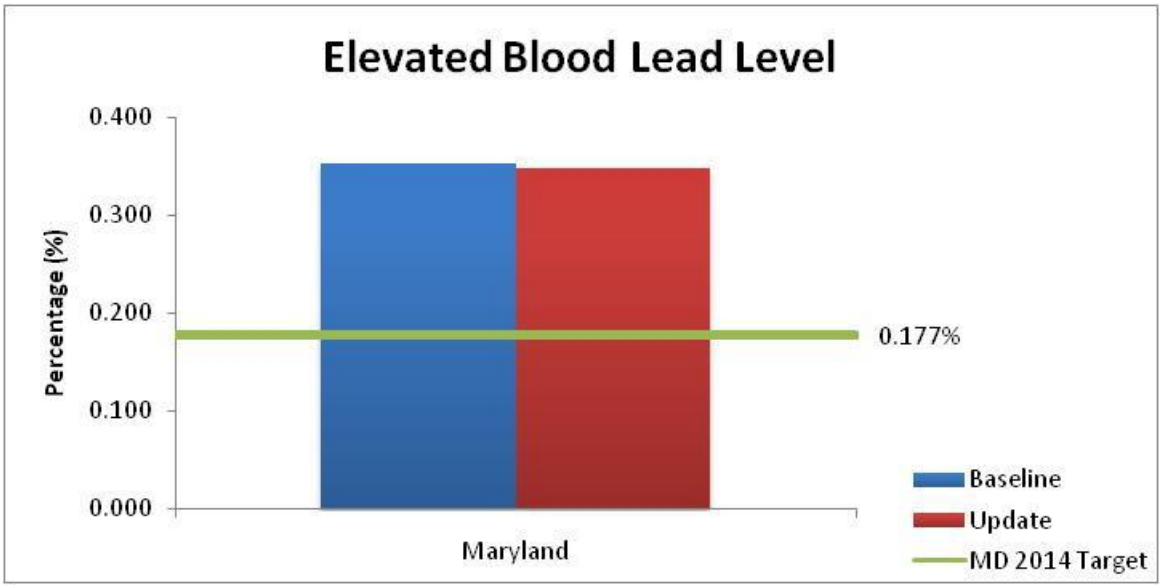
Objective 13: Reduce blood lead levels in children

Exposure to lead is the most widespread environmental hazard for children in Maryland. Lead paint dust from deteriorated lead paint or from renovation is the major source of exposure for children in Maryland. Between 75% and 95% of homes build before 1980 are estimated to contain lead paint.

Update Summary: Moving toward the Maryland 2014 Target

Statistics and Goals

Measure: Percentage of children* tested who have blood lead level ≥10 µg/dL



Data Source: Maryland Department of the Environment (MDE)

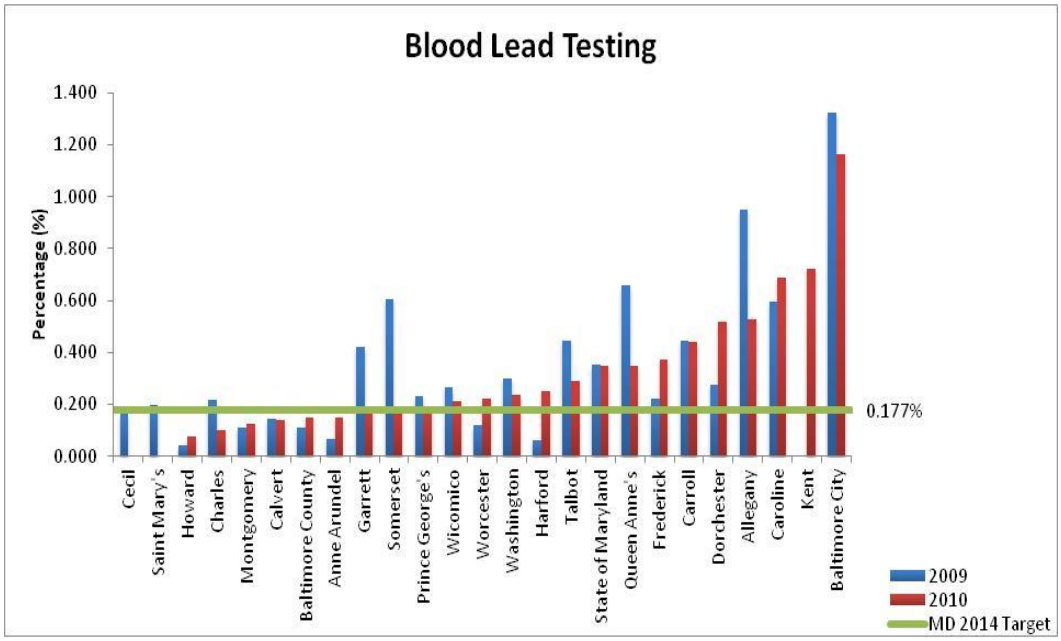
*Age 0 – 72 months

Maryland SHIP	Year	Total	SHIP 2014 Target
Baseline	2009	0.353% of children tested	0.177% of children tested
Update	2010	0.347% of children tested	

Objective 13: Reduce blood lead levels in children

Local-Level Data

Measure: Percentage of children* tested who have blood lead level ≥10 µg/dL



Data Source: Maryland Department of the Environment (MDE)
*Age 0 – 72 months

County	2009	2010
State of Maryland	0.353	0.347
Allegany	0.948	0.526
Anne Arundel	0.068	0.150
Baltimore City	1.124	1.162
Baltimore County	0.130	0.149
Calvert	0.143	0.139
Caroline	0.596	0.690
Carroll	0.447	0.439
Cecil	0.165	0.000
Charles	0.218	0.098
Dorchester	0.274	0.517
Frederick	0.220	0.254
Garrett	0.423	0.193

County	2009	2010
Harford	0.063	0.252
Howard	0.040	0.076
Kent	0.000	0.722
Montgomery	0.110	0.124
Prince George's	0.230	0.194
Queen Anne's	0.196	0.000
Saint Mary's	0.659	0.349
Somerset	0.604	0.193
Talbot	0.444	0.289
Washington	0.299	0.236
Wicomico	0.267	0.213
Worcester	0.118	0.222

Objective 13: Reduce blood lead levels in children

Data Details	
National Data	
Source	---
Year	---
Maryland Data	
Source	Maryland Department of the Environment (MDE)
Year	
Baseline	2009
Update	2010
Calculation	
Numerator	Number of children (0-72 months old) with blood lead levels ≥10 µg/dL
Denominator	Number of children tested
Population source	---
Single year method	(x/y)*100
Combined year method	---
Notes	
Race/ethnicity	---
Censoring	Percentages not reported where number of children was less than 7.
Origin	Data downloaded from the Maryland Department of the Environment "Childhood Blood Lead Level Surveillance in Maryland" Annual Reports for 2009 and 2010 (http://www.mde.state.md.us/Pages/Home.aspx) in August 2012
Other	---

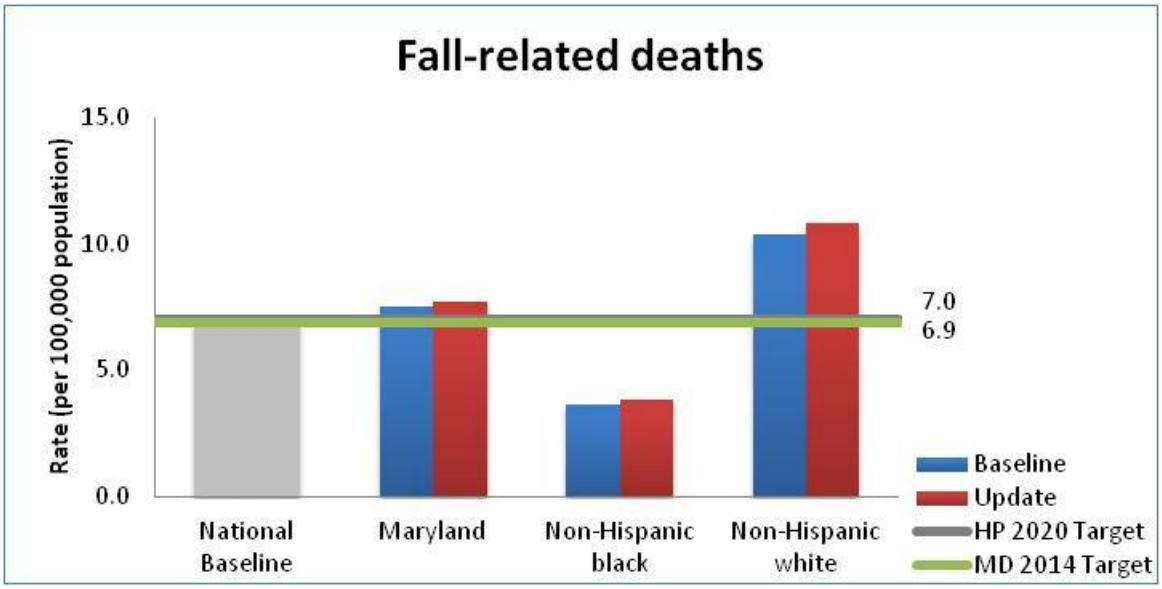
Objective 14: Decrease fall-related deaths

Falls are major cause of preventable death among the elderly and have increased across age groups in the past decade. Causes of fall-related deaths differ between the elderly and young and middle-age populations and require different prevention strategies. In 2009, falls accounted for 30% of accidental deaths.

Update Summary: Not moving toward the Maryland 2014 Target

Statistics and Goals

Measure: Rate of fall-related deaths (per 100,000 population)



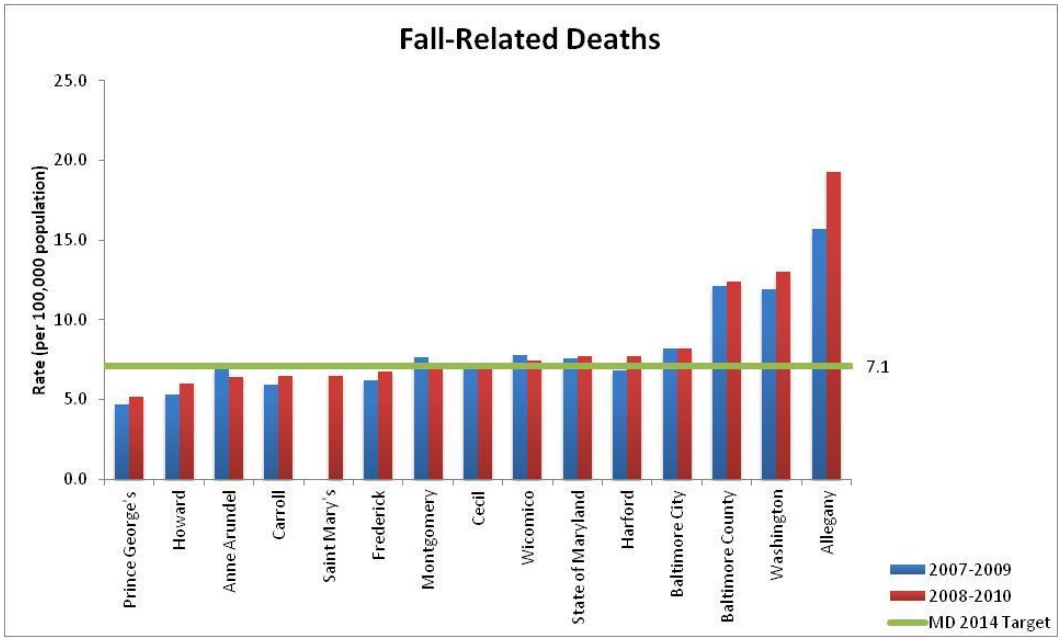
National Data Source: Healthy People 2020, National Vital Statistics System
Maryland Data Source: Maryland DHMH Vital Statistics Administration

National Baseline	Maryland SHIP	Year	Total	NH Black	NH White	SHIP 2014 Target
7.0 (2007)	Baseline	2007-2009	7.5	3.6	10.4	7.1
	Update	2008-2010	7.7	3.8	10.8	

Objective 14: Decrease fall-related deaths

Local-Level Data

Measure: Rate of fall-related deaths (per 100,000 population)



Data Source: Maryland DHMH Vital Statistics Administration

County	2007-2009	2008-2010
State of Maryland	7.5	7.7
Allegany	15.7	19.3
Anne Arundel	7.0	6.4
Baltimore City	8.2	8.2
Baltimore County	12.1	12.4
Calvert	14 (Count only)	11 (Count only)
Caroline	6 (Count only)	9 (Count only)
Carroll	5.9	6.5
Cecil	7.3	7.3
Charles	16 (Count only)	18 (Count only)
Dorchester	5 (Count only)	5 (Count only)
Frederick	6.2	6.7
Garrett	3 (Count only)	1 (Count only)

County	2007-2009	2008-2010
Harford	6.8	7.7
Howard	5.3	6.0
Kent	6 (Count only)	7 (Count only)
Montgomery	7.7	6.9
Prince George's	4.7	5.2
Queen Anne's	6 (Count only)	11 (Count only)
Saint Mary's	3 (Count only)	4 (Count only)
Somerset	17 (Count only)	6.5
Talbot	13 (Count only)	12 (Count only)
Washington	11.9	13.0
Wicomico	7.8	7.4
Worcester	7 (Count only)	8 (Count only)

Objective 14: Decrease fall-related deaths

Data Details	
National Data	
Source	National Vital Statistics System
Year	2007
Maryland Data	
Source	Maryland DHMH Vital Statistics Administration (VSA)
Year	
Baseline	2007-2009
Update	2008-2010
Calculation	
Numerator	Number of deaths with an ICD-10 code of W00-W19
Denominator	Number of persons (population)
Population source	Maryland DHMH Vital Statistics Administration (VSA)
Single year method	(x/y)*100,000
Combined year method	Average number of deaths divided by the total population of middle year
Notes	
Race/ethnicity	Race and Hispanic origin are reported separately. Data for persons of Hispanic origin are not included in the data for each race group. Hispanic rates include all deaths to persons of Hispanic origin of white race.
Censoring	Rates not reported number of deaths was less than 20
Origin	Data requested and received from Maryland Office of Vital Statistics, Hal Sommers 3/2012
Other	---

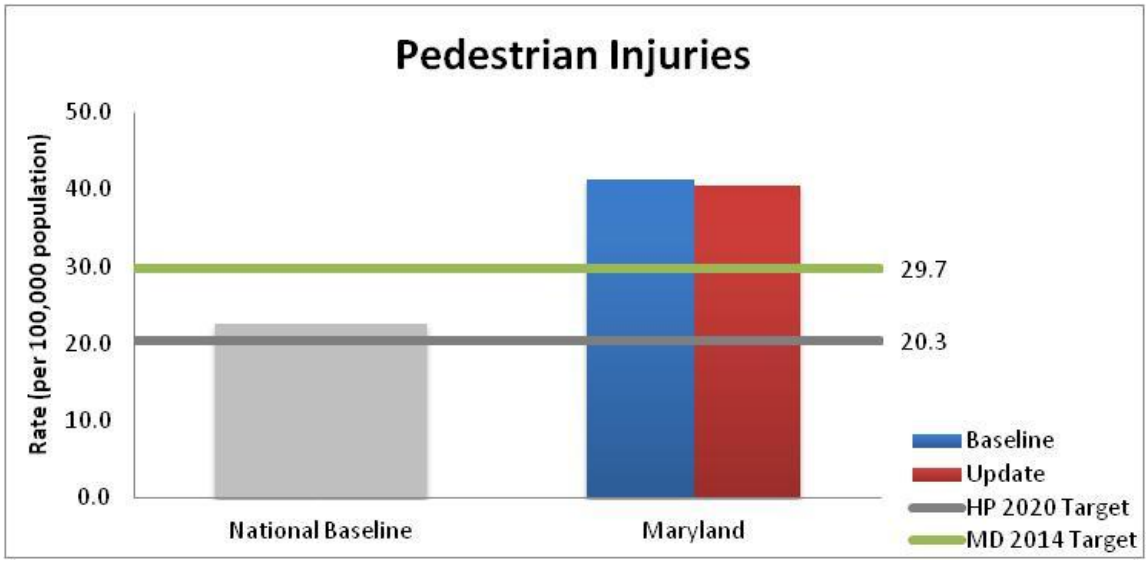
Objective 15: Reduce pedestrian injuries on public roads

Maintaining pedestrian safety is a key element in preventing motor vehicle injuries and fatalities. There were 2,340 pedestrian injuries in Maryland in 2009. Children are especially at risk for pedestrian injuries and fatalities.

Update Summary: Moving toward the Maryland 2014 Target

Statistics and Goals

Measure: Rate of pedestrian injuries (per 100,000 population)



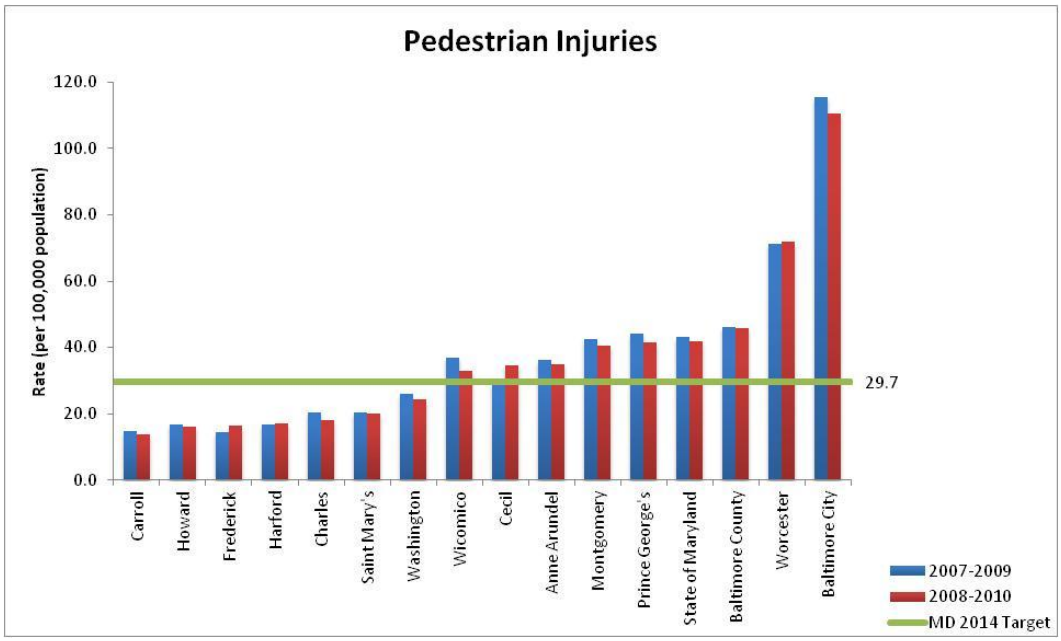
National Data Source: Healthy People 2020, National Highway Safety Administration
Maryland Data Source: Maryland State Highway Administration (SHA)

National Baseline	Maryland SHIP	Year	Total	SHIP 2014 Target
22.6 (2008)	Baseline	2009	41.2	29.7
	Update	2010	40.5	

Objective 15: Reduce pedestrain injuries on public roads

Local-Level Data

Measure: Rate of pedestrian injuries (per 100,000 population)



Data Source: Maryland State Highway Administration (SHA)

County	2007-2009	2008-2010
State of Maryland	43.2	41.8
Allegany	5 (Count only)	5 (Count only)
Anne Arundel	36.3	35.0
Baltimore City	115.3	110.6
Baltimore County	46.1	45.9
Calvert	12 (Count only)	16 (Count only)
Caroline	5 (Count only)	4 (Count only)
Carroll	14.7	13.7
Cecil	29.3	34.7
Charles	20.3	18.0
Dorchester	10 (Count only)	11 (Count only)
Frederick	14.6	16.5
Garrett	4 (Count only)	4 (Count only)

County	2007-2009	2008-2010
Harford	16.8	17.0
Howard	16.7	16.1
Kent	3 (Count only)	4 (Count only)
Montgomery	42.5	40.7
Prince George's	44.3	41.5
Queen Anne's	7 (Count only)	7 (Count only)
Saint Mary's	20.3	20.1
Somerset	2 (Count only)	2 (Count only)
Talbot	9 (Count only)	8 (Count only)
Washington	26.1	24.2
Wicomico	36.9	32.9
Worcester	71.2	71.9

Objective 15: Reduce pedestrain injuries on public roads

Data Details	
National Data	
Source	National Highway Safety Administration
Year	2008
Maryland Data	
Source	Maryland State Highway Administration (SHA)
Year	
Baseline	2009
Update	2010
Calculation	
Numerator	Number of injuries to pedestrians on foot
Denominator	Number of persons (population)
Population source	Maryland Department of Planning (MDP)
Single year method	(x/y)*100,000
Combined year method	Average number of injuries divided by the total population of middle year
Notes	
Race/ethnicity	---
Censoring	Rates not reported where number of injuries was less than 20
Origin	Counts received by email from Maryland State Highway Administration, Susie Wellman, 6/2012
Other	---

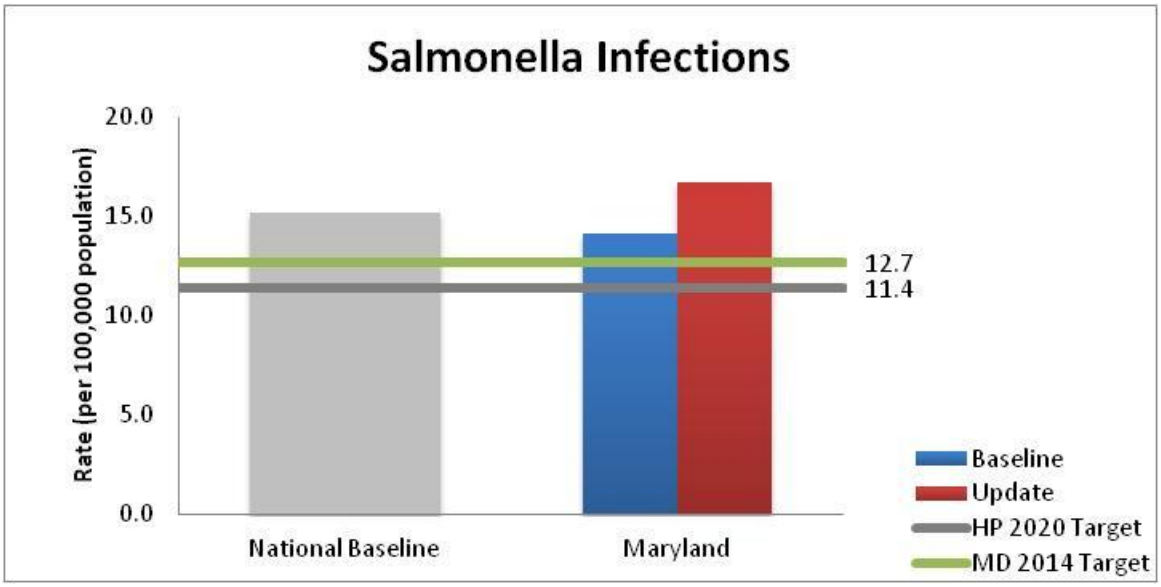
Objective 16: Reduce Salmonella infections transmitted through food

Salmonella infections due to contaminated food products make many people ill each year and are responsible for substantial economic costs. Salmonella infections are potentially serious and may be fatal, particularly for the elderly and people with weak immune systems.

Update Summary: Not moving toward the Maryland 2014 Target

Statistics and Goals

Measure: Rate of salmonella infections (per 100,000 population)



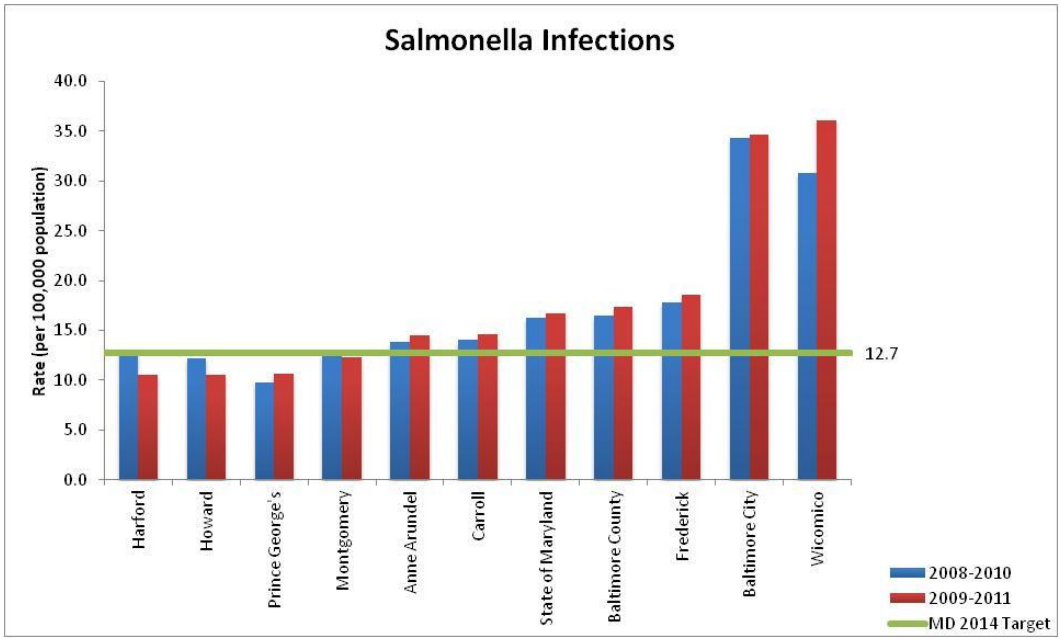
National Data Source: Healthy People 2020, Centers for Disease Control, FoodNet
Maryland Data Source: Maryland DHMH Infectious Disease Bureau

National Baseline	Maryland SHIP	Year	Total	SHIP 2014 Target
15.2 (2006-2008)	Baseline	2010	14.1	12.7
	Update	2011	16.7	

Objective 16: Reduce Salmonella infections transmitted through food

Local-Level Data

Measure: Rate of salmonella infections (per 100,000 population)



Data Source: Maryland DHMH Infectious Disease Bureau

County	2008-2010	2009-2011
State of Maryland	16.2	16.7
Allegany	7 (Count only)	9 (Count only)
Anne Arundel	13.8	14.4
Baltimore City	34.4	34.6
Baltimore County	16.5	17.3
Calvert	14 (Count only)	13 (Count only)
Caroline	8 (Count only)	12 (Count only)
Carroll	14.1	14.6
Cecil	14 (Count only)	13 (Count only)
Charles	18 (Count only)	17 (Count only)
Dorchester	7 (Count only)	10 (Count only)
Frederick	17.8	18.6
Garrett	3 (Count only)	2 (Count only)

County	2008-2010	2009-2011
Harford	13.1	10.5
Howard	12.2	10.6
Kent	4 (Count only)	7 (Count only)
Montgomery	12.7	12.3
Prince George's	9.8	10.7
Queen Anne's	10 (Count only)	9 (Count only)
Saint Mary's	15 (Count only)	14 (Count only)
Somerset	9 (Count only)	11 (Count only)
Talbot	10 (Count only)	10 (Count only)
Washington	17 (Count only)	19 (Count only)
Wicomico	30.8	36.1
Worcester	17 (Count only)	18 (Count only)

Objective 16: Reduce Salmonella infections transmitted through food

Data Details	
National Data	
Source	Centers for Disease Control, Foodnet
Year	2006-2008
Maryland Data	
Source	Maryland DHMH Infectious Disease and Environmental Health Administration (IDEHA)
Year	
Baseline	2010
Update	2011
Calculation	
Numerator	Number of salmonella infections reported to the health department
Denominator	Number of persons (population)
Population source	Maryland Department of Planning (MDP)
Single year method	(x/y)*100,000
Combined year method	Average number of infections divided by total population for middle year
Notes	
Race/ethnicity	---
Censoring	Rates not reported where number of infections was less than 20.
Origin	Data downloaded from Maryland DHMH website in August 2012 (http://ideha.dhmh.maryland.gov/SitePages/disease-conditions-count-rates.aspx)
Other	---

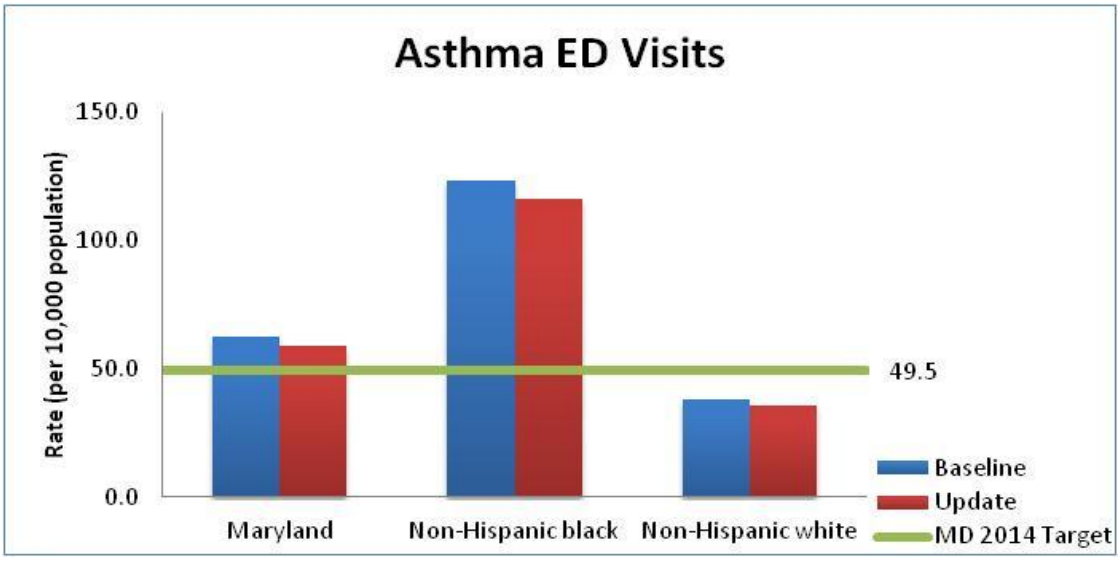
Objective 17: Reduce hospital emergency department visits due to asthma

Asthma is a chronic health condition which causes very serious breathing problems. When properly controlled through close outpatient medical supervision, individuals and families can manage their asthma without costly emergency intervention. In Maryland, there are nearly 50,000 emergency department visit related to asthma each year.

Update Summary: On track or meeting the Maryland 2014 Target

Statistics and Goals

Measure: Rate of emergency department visits due to asthma (per 100,000 population)



Data Source: Maryland Health Services Cost Review Commission (HSCRC)

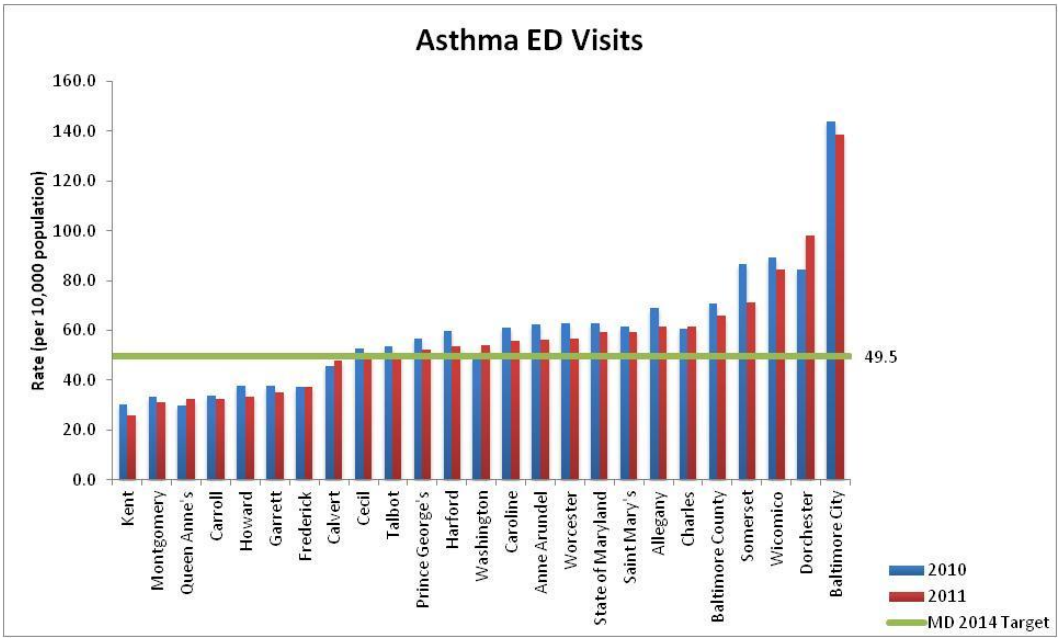
IMPORTANT: For the year 2 update, additional research was conducted and improvements were made in requesting, analyzing and displaying the hospital data. The updated 2010 figures and rates were used for the baseline, therefore they do not match the figures originally displayed for 2010.

Maryland SHIP	Year	Total	NH Black	NH White	SHIP 2014 Target
Baseline	2010	62.8	123.1	37.9	49.5
Update	2011	59.1	116.3	35.9	

Objective 17: Reduce hospital emergency department visits due to asthma

Local-Level Data

Measure: Rate of emergency department visits due to asthma (per 10,000 population)



Data Source: Maryland Health Services Cost Review Commission (HSCRC)

Note: Data are coded by patient's county of residence. Only visits made by Maryland residents to Maryland hospitals were used for the analysis; emergency department visits made to hospitals outside of Maryland were not included.

County	2010	2011
State of Maryland	62.8	59.1
Allegany	68.9	61.6
Anne Arundel	62.5	56.1
Baltimore City	143.8	138.4
Baltimore County	70.9	66.1
Calvert	45.5	48.1
Caroline	61.1	55.8
Carroll	33.9	32.6
Cecil	52.8	50.1
Charles	60.7	61.6
Dorchester	84.3	98.0
Frederick	37.4	37.5
Garrett	37.9	35.3

County	2010	2011
Harford	59.8	53.4
Howard	37.7	33.2
Kent	30.2	25.7
Montgomery	33.1	31.3
Prince George's	56.6	52.3
Queen Anne's	29.9	32.3
Saint Mary's	61.6	59.3
Somerset	86.5	71.0
Talbot	53.7	51.0
Washington	48.7	54.2
Wicomico	89.4	84.5
Worcester	62.8	56.7

Objective 17: Reduce hospital emergency department visits due to asthma

Data Details	
National Data	
Source	---
Year	---
Maryland Data	
Source	Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Inpatient and Outpatient Data Files
Year	
Baseline	2010
Update	2011
Calculation	
Numerator	Number of inpatient and outpatient emergency department visits for which the primary diagnosis was coded as 493.xx
Denominator	Number of persons (population)
Population source	Maryland Department of Planning (MDP)
Single year method	(x/y)*100,000
Combined year method	---
Notes	
Race/ethnicity	Non-Hispanic Asians, non-Hispanic blacks, Hispanics, non-Hispanic whites
Censoring	Rates not reported where the number of ED visits was less than 20.
Origin	Research level data files were obtained from the Maryland Health Services Cost Review Commission in August 2012 using a data request form.
Other	**IMPORTANT: Only visits made by Maryland residents to Maryland hospitals were used for the analysis; emergency department visits made by Maryland residents to out-of-state hospitals were not included. Data are coded by patient's county of residence.**

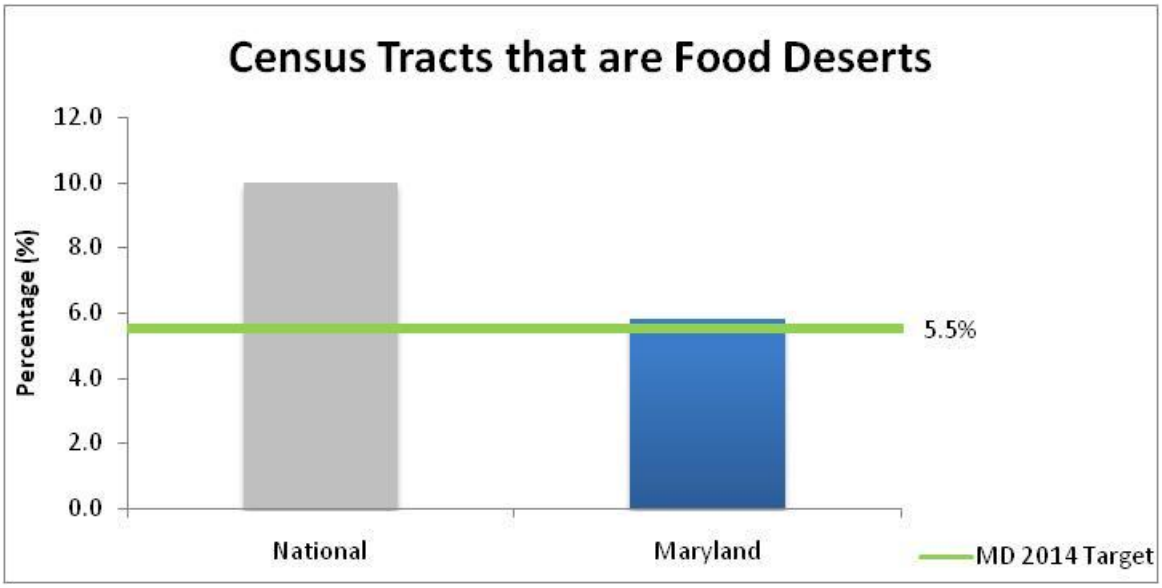
Objective 18: Increase access to healthy food

Access to healthy food is important to a healthy diet and is associated with achieving and maintaining a healthy weight. Increasing access to healthy food options, and thereby decreasing food deserts-- places where healthy food is difficult to obtain-- may lead to decreases in obesity and chronic disease.

Update Summary: Pending

Statistics and Goals

Measure: Percentage of census tracts that are considered food deserts



National and Maryland Data Source: United States Department of Agriculture, Economic Research Service Food Desert Locator

National Baseline	Maryland SHIP	Year	Total	SHIP 2014 Target
10.0	Baseline	2006	5.8	5.5

Objective 18: Increase access to healthy food

Data Details	
National Data	
Source	---
Year	---
Maryland Data	
Source	United States Department of Agriculture (USDA) Food Environment Atlas
Year	
Baseline	2006
Update	---
Calculation	
Numerator	Number of persons living in poverty and do not live within 1 mile of a grocery in urban areas and 10 miles in non-urban areas
Denominator	Number of persons (population)
Population source	US Census Bureau
Single year method	(x/y)*100
Combined year method	---
Notes	
Race/ethnicity	---
Censoring	---
Origin	Data downloaded from County Health Rankings website in August 2012 (www.countyhealthrankings.org/app/maryland/2012/measures/factors/83/map).
Other	As of August 2012, a new measure of access to healthy food for Maryland counties is being developed by the Johns Hopkins Center for a Livable Future (CLF).

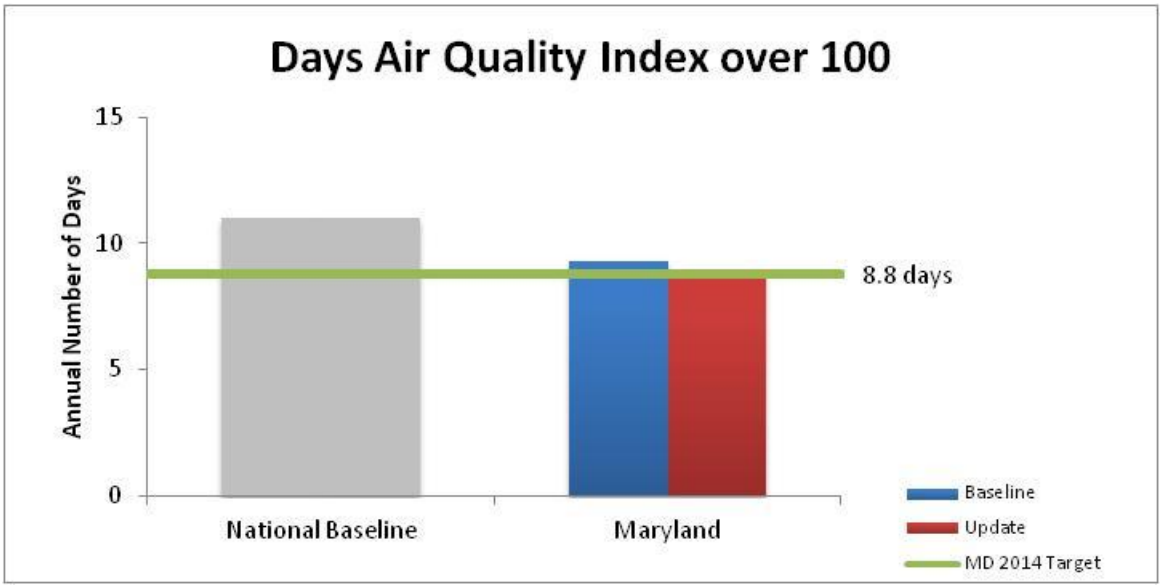
Objective 19: Reduce the number of days the Air Quality Index (AQI) exceeds 100

Poor air quality is associated with aggravation of asthma, premature death from heart and lung diseases, and increased acid conditions in lakes and streams.

Update Summary: On track or meeting the Maryland 2014 Target

Statistics and Goals

Measure: Average number of days the Air Quality Index (AQI) exceeds 100



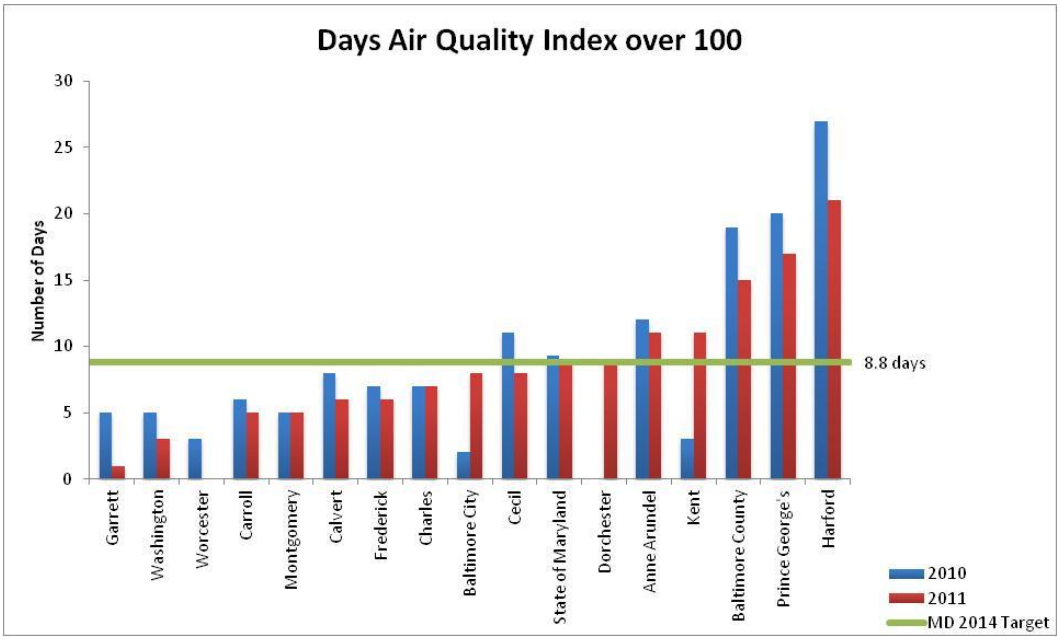
National and Maryland Data Source: United States Environmental Protection Agency

National Baseline	Maryland SHIP	Year	Average Number of Days	SHIP 2014 Target
11 (2008)	Baseline	2010	9.3	8.8
	Update	2011	8.9	

Objective 19: Reduce the number days the Air Quality Index (AQI) exceeds 100

Local-Level Data

Measure: Number of days the Air Quality Index (AQI) exceeds 100



Data Source: United States Environmental Protection Agency

County	2010	2011
State of Maryland	9.3	8.9
Allegany	---	---
Anne Arundel	12	11
Baltimore City	2	8
Baltimore County	19	15
Calvert	8	6
Caroline	---	---
Carroll	6	5
Cecil	11	8
Charles	7	7
Dorchester	---	9
Frederick	7	6
Garrett	5	1

County	2010	2011
Harford	27	21
Howard	---	---
Kent	3	11
Montgomery	5	5
Prince George's	20	17
Queen Anne's	---	---
Saint Mary's	---	---
Somerset	---	---
Talbot	---	---
Washington	5	3
Wicomico	---	---
Worcester	3	---

Objective 19: Reduce the number days the Air Quality Index (AQI) exceeds 100

Data Details	
National Data	
Source	United States Environmental Protection Agency Historic Air Quality Data
Year	2008
Maryland Data	
Source	United States Environmental Protection Agency
Year	
Baseline	2010
Update	2011
Calculation	
Numerator	The number of days per year in which the air quality index was over 100 (AQI>100)
Denominator	---
Population source	---
Single year method	---
Combined year method	---
Notes	
Race/ethnicity	---
Censoring	---
Origin	Data downloaded from US Environmental Protection Agency Air Quality Reports website (http://www.epa.gov/airdata/ad_rep_aqi.html) September 2012
Other	**Note:** The baseline measurement for the State of Maryland is the AVERAGE of the local areas' unhealthy air quality days.

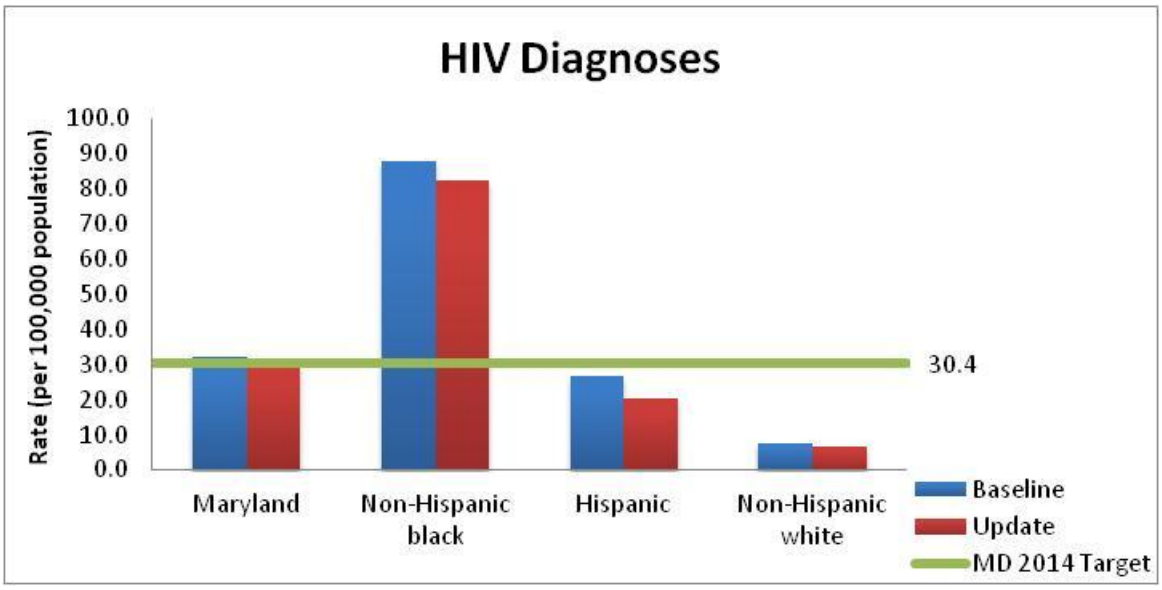
Objective 20: Reduce new HIV infections among adults and adolescents

HIV is a significant and preventable public health problem. An estimated 21% of people with HIV are undiagnosed. We have the knowledge and tools needed to slow the spread of HIV infection and improve the health of people living with HIV.

Update Summary: On track or meeting the Maryland 2014 Target

Statistics and Goals

Measure: Rate of Adult/ Adolescent Cases (Age 13+) Diagnosed with HIV (per 100,000 population)



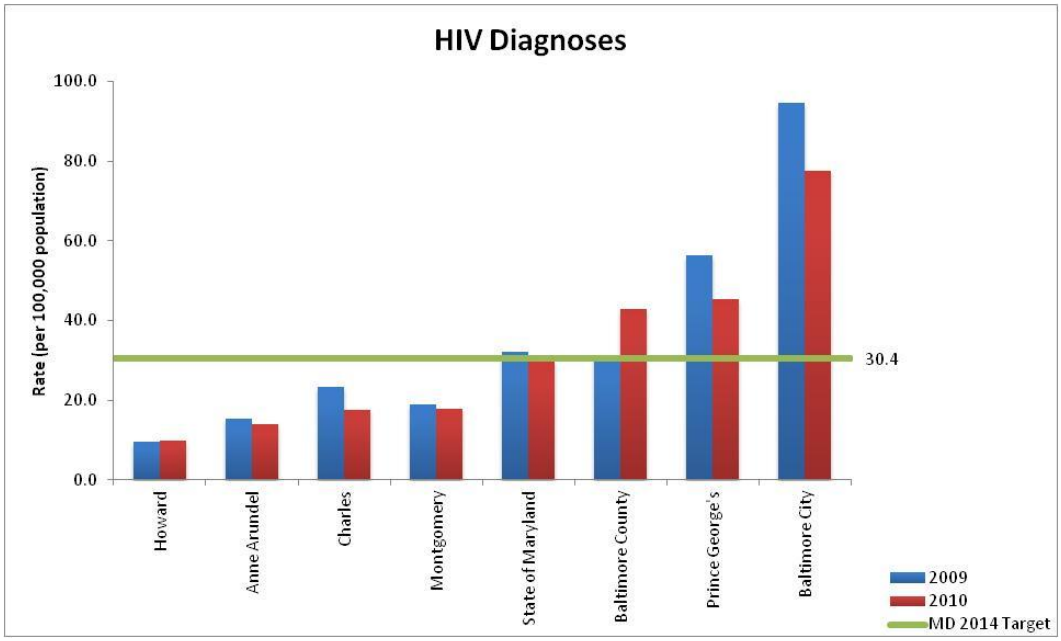
Data Source: Maryland DHMH Infectious Disease Bureau HIV Surveillance System

Maryland SHIP	Year	Total	NH Black	Hispanic	NH White	SHIP 2014 Target
Baseline	2009	32.0	87.6	26.8	7.4	30.4
Update	2010	29.7	82.3	20.1	6.6	

Objective 20: Reduce new HIV infections among adults and adolescents

Local-Level Data

Measure: Rate of Adult/ Adolescent Cases (Age 13+) Diagnosed with HIV (per 100,000 population)



Data Source: Maryland DHMH Infectious Disease Bureau HIV Surveillance System

County	2009	2010
State of Maryland	32.0	29.8
Allegany	6 (Count only)	3 (Count only)
Anne Arundel	15.5	14.1
Baltimore City	94.6	77.6
Baltimore County	31.1	42.9
Calvert	4 (Count only)	5 (Count only)
Caroline	2 (Count only)	3 (Count only)
Carroll	8 (Count only)	6 (Count only)
Cecil	5 (Count only)	5 (Count only)
Charles	23.3	17.5
Dorchester	4 (Count only)	11 (Count only)
Frederick	13 (Count only)	17 (Count only)
Garrett	0 (Count only)	0 (Count only)

County	2009	2010
Harford	14 (Count only)	17 (Count only)
Howard	9.5	9.7
Kent	0 (Count only)	1 (Count only)
Montgomery	18.8	17.9
Prince George's	56.4	45.3
Queen Anne's	4 (Count only)	2 (Count only)
Saint Mary's	4 (Count only)	4 (Count only)
Somerset	4 (Count only)	5 (Count only)
Talbot	3 (Count only)	5 (Count only)
Washington	13 (Count only)	14 (Count only)
Wicomico	16 (Count only)	5 (Count only)
Worcester	3 (Count only)	3 (Count only)

Objective 20: Reduce new HIV infections among adults and adolescents

Data Details	
National Data	
Source	---
Year	---
Maryland Data	
Source	Maryland DHMH Infectious Disease Bureau, Center for HIV Surveillance and Epidemiology
Year	
Baseline	2009
Update	2010
Calculation	
Numerator	Number of reported HIV diagnoses among persons age 13 and older during a calendar year (including those reported up to one full year after)
Denominator	Number of persons (population) age 13 and over
Population source	US Census Bureau, ACS 5 year Census
Single year method	---
Combined year method	---
Notes	
Race/ethnicity	---
Censoring	---
Origin	Maryland DHMH Infectious Disease Bureau, HIV Surveillance System, Shondelle Wilson-Frederick, August 2012
Other	**IMPORTANT NOTE:** The data used for this measure, "Number of reported HIV diagnoses among persons age 13 and older during a calendar year" is not a precise measure of new HIV infections. Excerpt from August 2008 CDC Fact Sheet entitled, *Estimates of New HIV Infections in the United States:* "Monitoring trends in new HIV infections has historically posed a major challenge, in part because many HIV infections are not diagnosed until years after they occur. New technology developed by the Centers for Disease Control and Prevention (CDC) can now be used to distinguish recent from longstanding HIV infections. CDC has applied this advanced technology to develop the first national surveillance system of its kind that is based on direct measurement of new HIV infections. This new system represents a major advance in HIV surveillance and allows for more precise estimates of HIV incidence (the annual number of new infections) than ever before possible. " In the future, DHMH may be able to obtain data on new infections, but until then, the measure will remain new diagnoses.

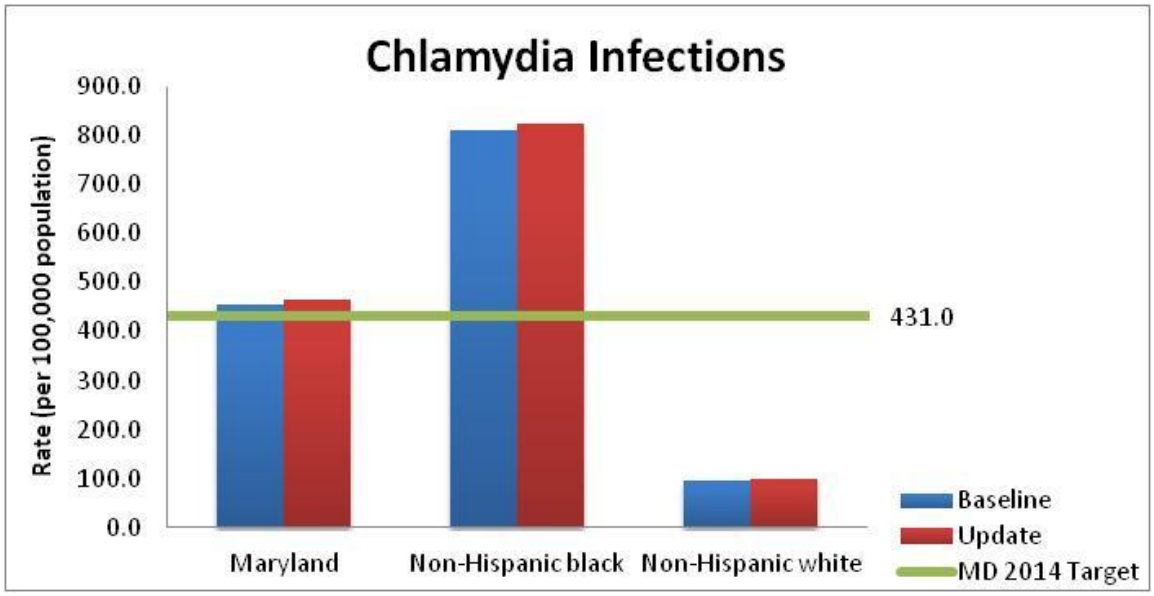
Objective 21: Reduce Chlamydia trachomatis infections

In 2009, there were 17,507 reported Chlamydia cases among people aged 15-24. Chlamydia infections are usually without symptoms and go undiagnosed. They are associated with pelvic inflammatory disease, infertility, ectopic pregnancy and chronic pelvic pain.

Update Summary: Not moving toward the Maryland 2014 Target

Statistics and Goals

Measure: Rate of Chlamydia trachomatis infections (per 100,000 population)



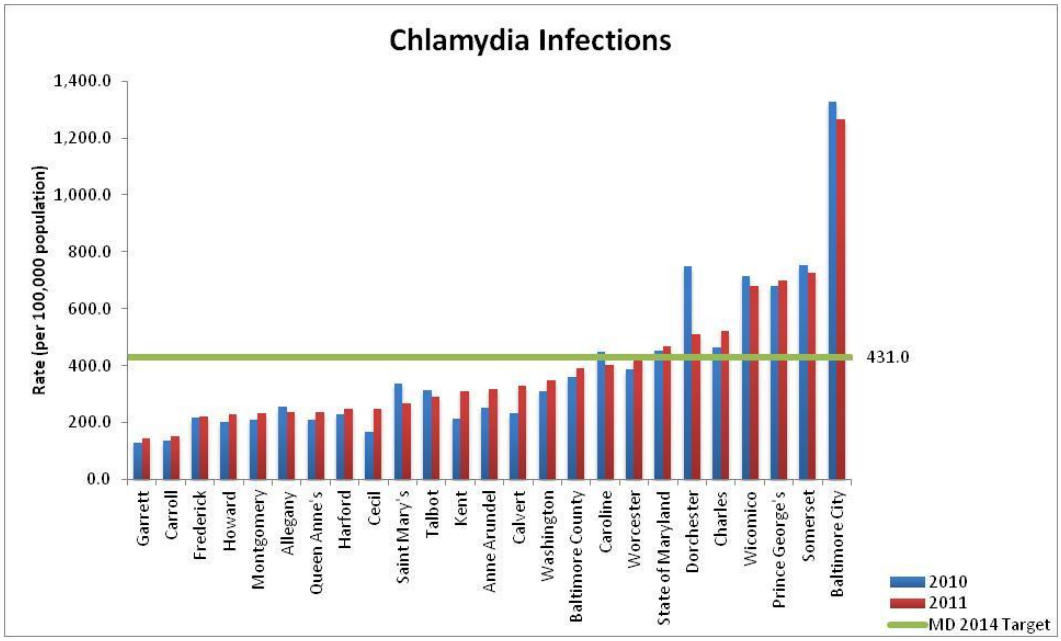
Maryland Data Source: Maryland DHMH Office of Infectious Disease Epidemiology and Outbreak Response

Maryland SHIP	Year	Total	NH Black	NH White	SHIP 2014 Target
Baseline	2010	453.7	811.7	97.6	431.0
Update	2011	466.0	823.7	99.8	

Objective 21: Reduce Chlamydia trachomatis infections

Local-Level Data

Measure: Rate of Chlamydia trachomatis infections (per 100,000 population)



Data Source: Maryland DHMH Infectious Disease Bureau

County	2010	2011
State of Maryland	453.7	466.9
Allegany	257.0	235.6
Anne Arundel	252.8	318.3
Baltimore City	1,329.1	1,266.0
Baltimore County	361.7	392.5
Calvert	231.0	328.3
Caroline	447.6	403.2
Carroll	136.4	153.6
Cecil	169.1	246.8
Charles	464.0	521.7
Dorchester	751.1	508.6
Frederick	217.7	220.5
Garrett	129.6	143.1

County	2010	2011
Harford	227.5	246.7
Howard	203.4	228.9
Kent	212.9	311.8
Montgomery	210.7	232.0
Prince George's	681.5	698.6
Queen Anne's	211.3	235.8
Saint Mary's	337.6	267.9
Somerset	751.8	725.2
Talbot	315.0	289.3
Washington	309.3	348.8
Wicomico	714.0	681.5
Worcester	388.7	423.2

Objective 21: Reduce Chlamydia trachomatis infections

Data Details	
National Data	
Source	---
Year	---
Maryland Data	
Source	Maryland DHMH Infectious Disease and Environmental Health Administration (IDEHA)
Year	
Baseline	2010
Update	2011
Calculation	
Numerator	Number of reported Chlamydia infections
Denominator	Number of persons (population)
Population source	Maryland Department of Planning (MDP)
Single year method	(x/y)*100,000
Combined year method	---
Notes	
Race/ethnicity	Race and Hispanic origin are reported using the following categories: non-Hispanic Asians, non-Hispanic blacks, Hispanics, non-Hispanic whites
Censoring	Rates not reported where the number of infections was less than 20.
Origin	Data requested and received from DHMH Infectious Disease Bureau, César Peña (http://ideha.dhmh.maryland.gov/SitePages/disease-conditions-count-rates.aspx), 7/6/2012
Other	---

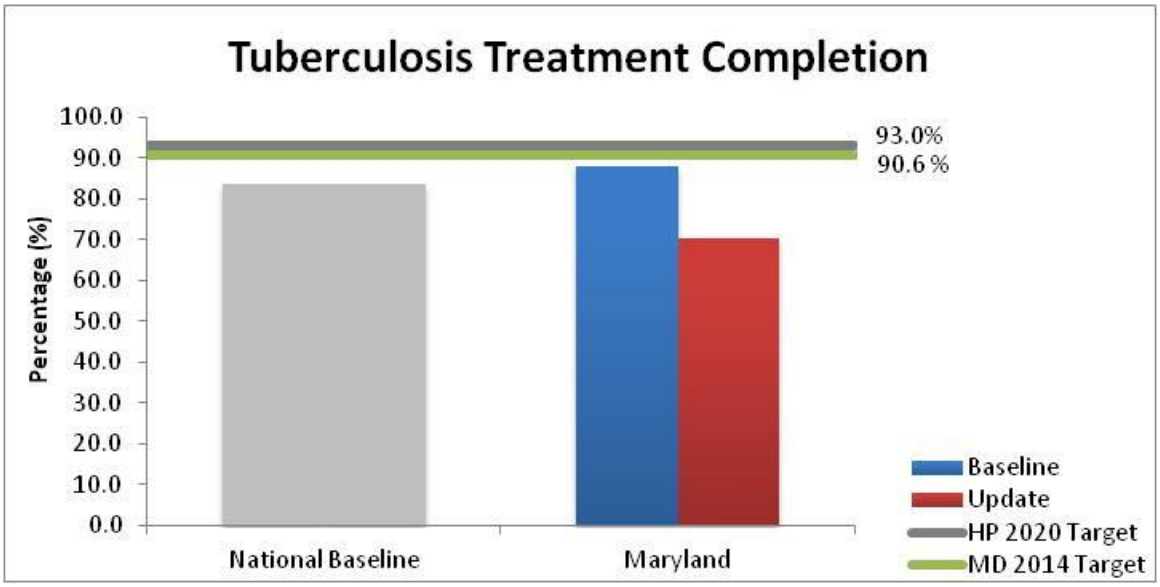
Objective 22: Increase treatment completion rate among tuberculosis patients

Pulmonary tuberculosis (TB) is a contagious bacterial infection that involves the lungs, but may spread to other organs.Completing Tuberculosis (TB) treatment within 12 months of diagnosis decreases risk of drug resistance and relapse, and reduces future transmission and disease.

Update Summary: Not moving toward the Maryland 2014 Target

Statistics and Goals

Measure: Percentage of tuberculosis (TB) patients who complete treatment within 12 months



National Data Source: Healthy People 2020, Centers for Disease Control National TB Indicators Project
Maryland Data Source: Maryland DHMH Infectious Disease Bureau

National Baseline	Maryland SHIP	Year	Total	SHIP 2014 Target
83.8 (2006)	Baseline	2010	88.1	90.6
	Update	2011	70.3	

Objective 22: Increase treatment completion rate among tuberculosis patients

Data Details	
National Data	
Source	Centers for Disease Control National TB Indicators Project
Year	2006
Maryland Data	
Source	Maryland DHMH Infectious Disease Bureau
Year	
Baseline	2010
Update	2011
Calculation	
Numerator	Number who completed TB treatment
Denominator	Number of TB patients
Population source	---
Single year method	(x/y)*100
Combined year method	---
Notes	
Race/ethnicity	---
Censoring	---
Origin	Data requested and received from DHMH Infectious Disease Bureau, Nancy Baruch, 8/17/2012
Other	---

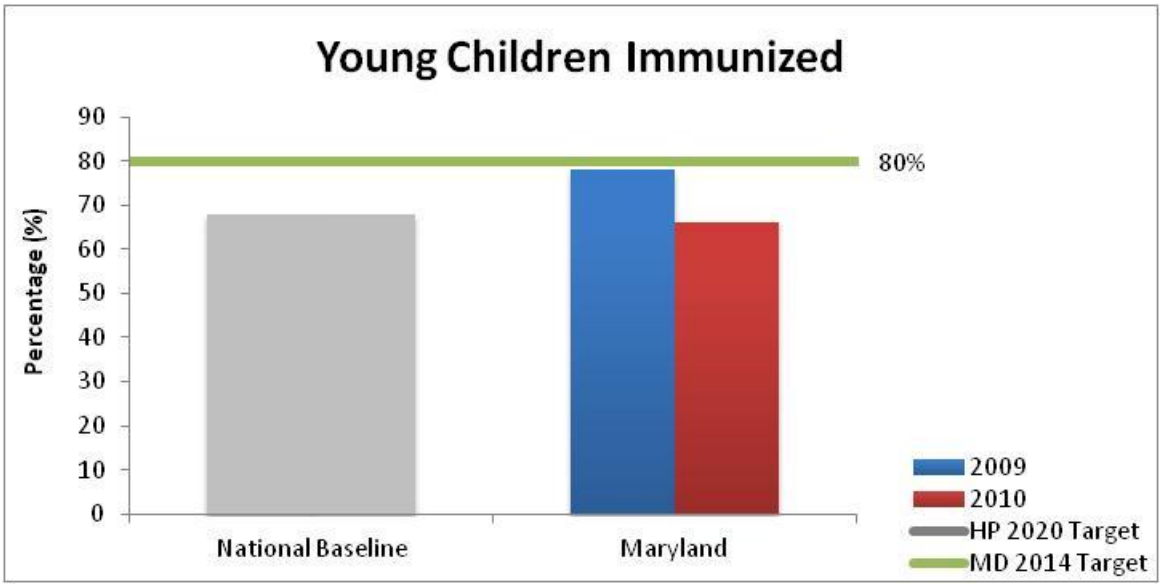
Objective 23: Increase percentage of young children covered by recommended vaccinations

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Increasing vaccination rates can reduce preventable infectious diseases among young children.

Update Summary: Not moving toward the Maryland 2014 Target

Statistics and Goals

Measure: Percentage of children (19-35 months old) who receive recommended vaccines



National Data Source: Healthy People 2020, Centers for Disease Control National Immunization Survey
Maryland Data Source: Centers for Disease Control National Immunization Survey

National Baseline	Maryland SHIP	Year	Total	SHIP 2014 Target
68 (2008)	Baseline	2009	78	80
	Update	2010	66	

Objective 23: Increase percentage of young children covered by recommended vaccinations

Data Details	
National Data	
Source	Centers for Disease Control National Immunization Survey
Year	2008
Maryland Data	
Source	Centers for Disease Control National Immunization Survey (NIS)
Year	
Baseline	2009
Update	2010
Calculation	
Numerator	Number of children aged 19-35 months old who received 4 or more doses of DTaP, 3 or more does of poliovirus, 1 or more doses of MMR, 3 or more doses of HepB, 1 or more
Denominator	Number of children (population)
Population source	---
Single year method	(x/y)*100
Combined year method	---
Notes	
Race/ethnicity	---
Censoring	---
Origin	2009 Data downloaded from Centers for Disease Control, Morbidity and Mortality Weekly Report , 59(36);1171-1177 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5936a2.htm 2010 Data downloaded from Centers for Disease Control, Morbidity and Mortality Weekly Report, 60(3), 1157-63 (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6034a2.htm).
Other	---

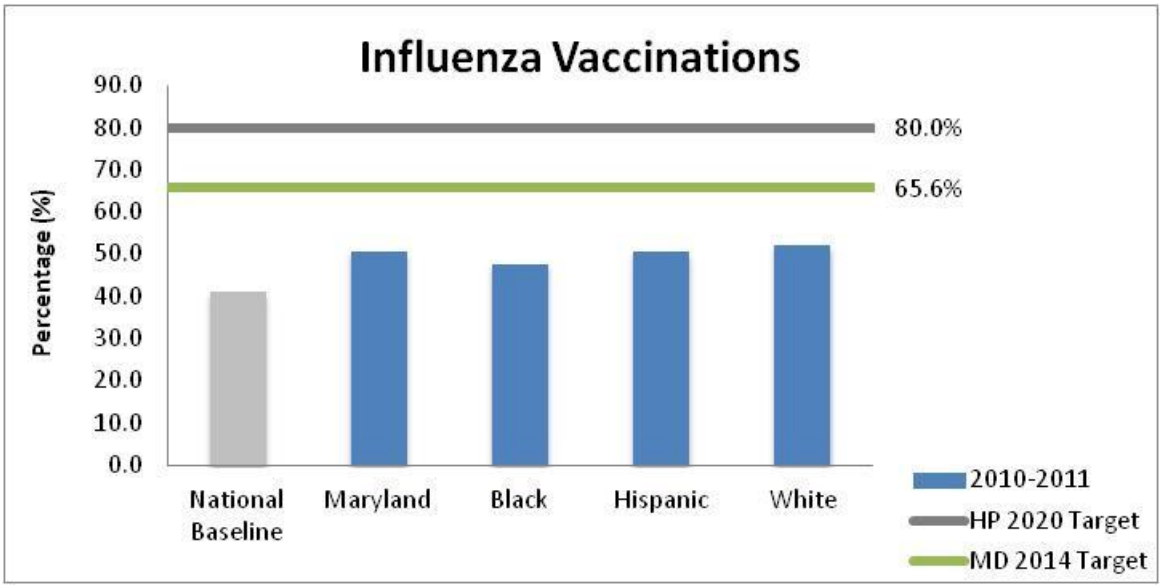
Objective 24: Increase the percentage of individuals vaccinated annually against seasonal influenza

For many people, the seasonal flu is a mild illness, but for some it can lead to pneumonia, hospitalization, or death. Vaccination of persons in high-risk populations is especially important to reduce their risk of severe illness or death.

Update Summary: Pending

Statistics and Goals

Measure: Percentage of children and adults who are vaccinated annually against seasonal influenza



Data Source: Centers for Disease Control National Immunization Survey

National Baseline	Maryland SHIP	Total	Black	Hispanic	White	SHIP 2014 Target
40.9 (2010-2011)	Baseline (2010-2011)	50.6	47.5	50.3	52.0	65.6

Objective 24: Increase the percentage of individuals vaccinated annually against seasonal influenza

Data Details	
National Data	
Source	Centers for Disease Control Behavioral Risk Factor Surveillance System (BRFSS) and National Immunization Survey (NIS)
Source Link	http://www.cdc.gov/flu/professionals/vaccination/reporti1011/reportII/
Year	2010-2011
Maryland Data	
Source	Centers for Disease Control Behavioral Risk Factor Surveillance System (BRFSS) and National Immunization Survey (NIS)
Source Link	http://www.cdc.gov/flu/professionals/vaccination/reporti1011/reportII/
Year	
Baseline	2010-11 Season
Update	---
Calculation	Coverage estimates are for all persons over 6 months of age. Coverage estimates are for persons interviewed September 2010 through June 2011 who reported being vaccinated August 2010 through May 2011.
Numerator	N/A
Denominator	N/A
Population source	
Single year method	(x/y)*100
Combined year method	
Notes	
Race/ethnicity	Race and Hispanic origin are reported separately. Data for persons of Hispanic origin are included in the data for each race group according to self-reported race.
Censoring	
Origin	As reported by US Centers for Disease Control http://www.cdc.gov/flu/professionals/vaccination/reporti1011/reportII/
Local Level Data	
Source	Maryland Behavioral Risk Factor Surveillance System (BRFSS), 2010 **Important note: coverage estimates are for un-institutionalized ADULTS**

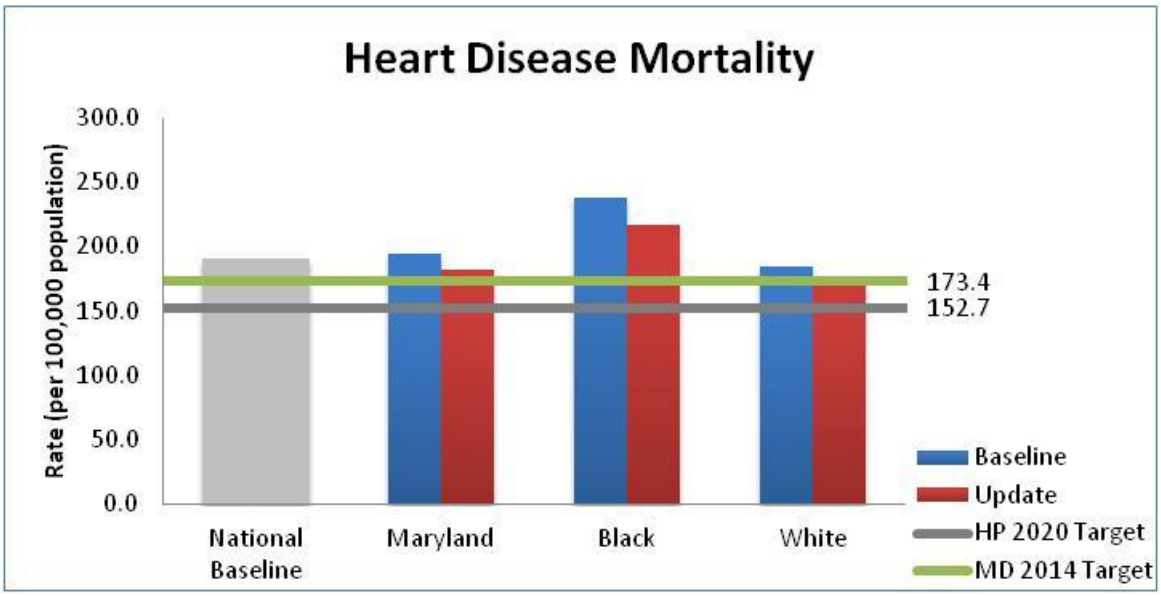
Objective 25: Reduce deaths from heart disease

Heart disease is the leading cause of death in Maryland accounting for 25% of all deaths. In 2009, over 11,000 people died of heart disease in Maryland.

Update Summary: On track or meeting the Maryland 2014 Target

Statistics and Goals

Measure: Age-adjusted mortality rate from heart disease (per 100,000 population)



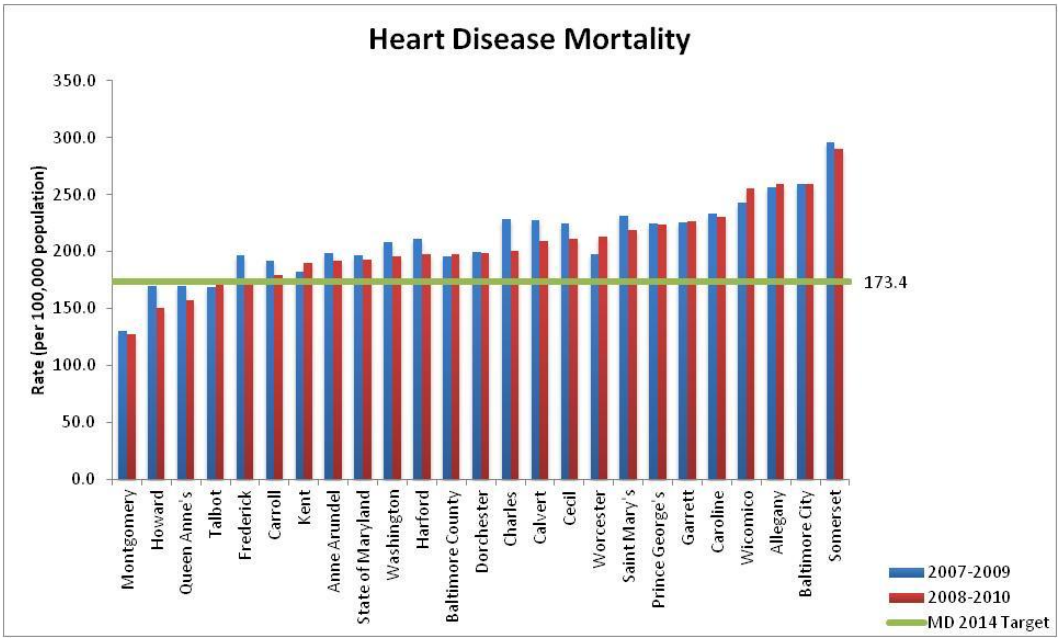
National Data Source: Healthy People 2020, National Vital Statistics System
Maryland Data Source: Maryland DHMH Vital Statistics Administration

National Baseline	Maryland SHIP	Year	Total	Black	White	SHIP 2014 Target
190.9 (2007)	Baseline	2009	194.0	238.3	184.3	173.4
	Update	2010	182.0	216.8	174.2	

Objective 25: Reduce deaths from heart disease

Local-Level Data

Measure: Age-adjusted mortality rate from heart disease (per 100,000 population)



Data Source: Maryland DHMH Vital Statistics Administration

County	2007-2009	2008-2010
State of Maryland	196.8	193.0
Allegany	256.8	259.8
Anne Arundel	198.8	191.6
Baltimore City	259.7	259.8
Baltimore County	195.4	198.1
Calvert	227.6	209.2
Caroline	233.2	230.0
Carroll	192.1	179.1
Cecil	224.5	210.9
Charles	228.5	200.7
Dorchester	199.8	198.5
Frederick	196.4	176.2
Garrett	225.9	226.4

County	2007-2009	2008-2010
Harford	210.7	197.5
Howard	169.6	150.1
Kent	182.3	190.4
Montgomery	130.2	127.7
Prince George's	224.2	223.7
Queen Anne's	170.1	157.2
Saint Mary's	231.1	219.0
Somerset	296.4	289.7
Talbot	168.4	170.8
Washington	208.4	195.4
Wicomico	242.7	255.0
Worcester	197.5	212.6

Objective 25: Reduce deaths from heart disease

Data Details	
National Data	
Source	National Vital Statistics System
Year	2007
Maryland Data	
Source	Maryland DHMH Vital Statistics Administration (VSA)
Year	
Baseline	2009
Update	2010
Calculation	
Numerator	Number of deaths with an ICD-10 code of I00-I09,I11,I13,I20-I51
Denominator	Number of persons (population)
Population source	Maryland DHMH Vital Statistics Administration (VSA)
Single year method	(x/y)*100,000
Combined year method	Average number of deaths divided by total population for middle year
Notes	
Race/ethnicity	Race and Hispanic origin are reported separately. Data for persons of Hispanic origin are included in the data for each race group. Hispanic rates include all deaths to persons of Hispanic origin of any race.
Censoring	Rates not reported where the number of deaths was less than 20.
Origin	Data requested and received from Maryland Office of Vital Statistics, Hal Sommers 3/2012
Other	---

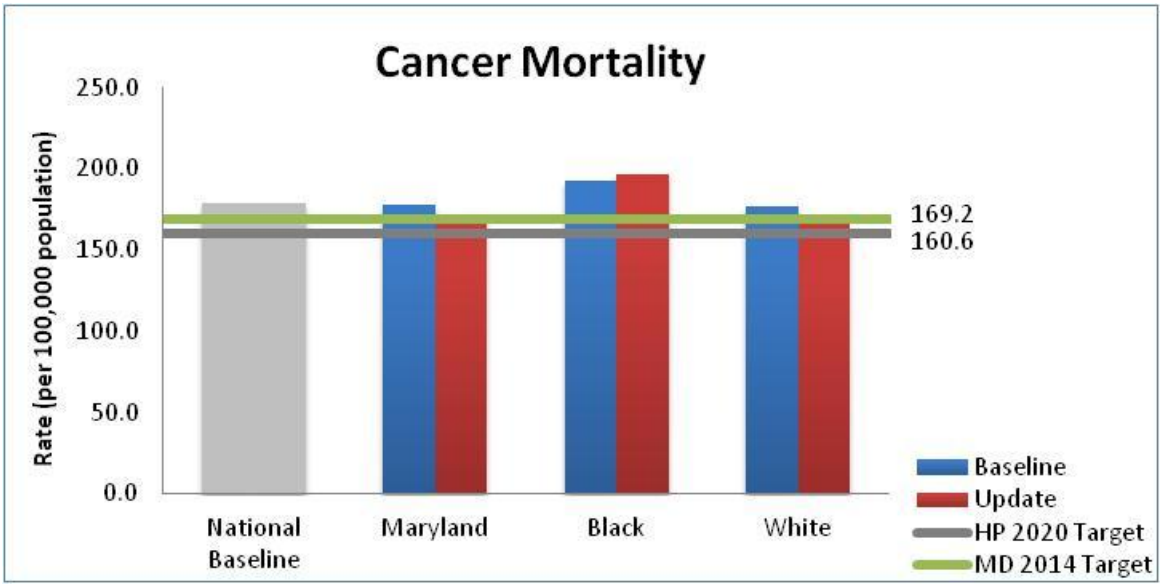
Objective 26: Reduce the overall cancer death rate

Maryland's age adjusted cancer mortality rate is higher than the US cancer mortality rate. Cancer impacts people across all population groups, however wide racial disparities exist.

Update Summary: On track or meeting the Maryland 2014 Target

Statistics and Goals

Measure: Age-adjusted mortality rate from cancer (per 100,000 population)



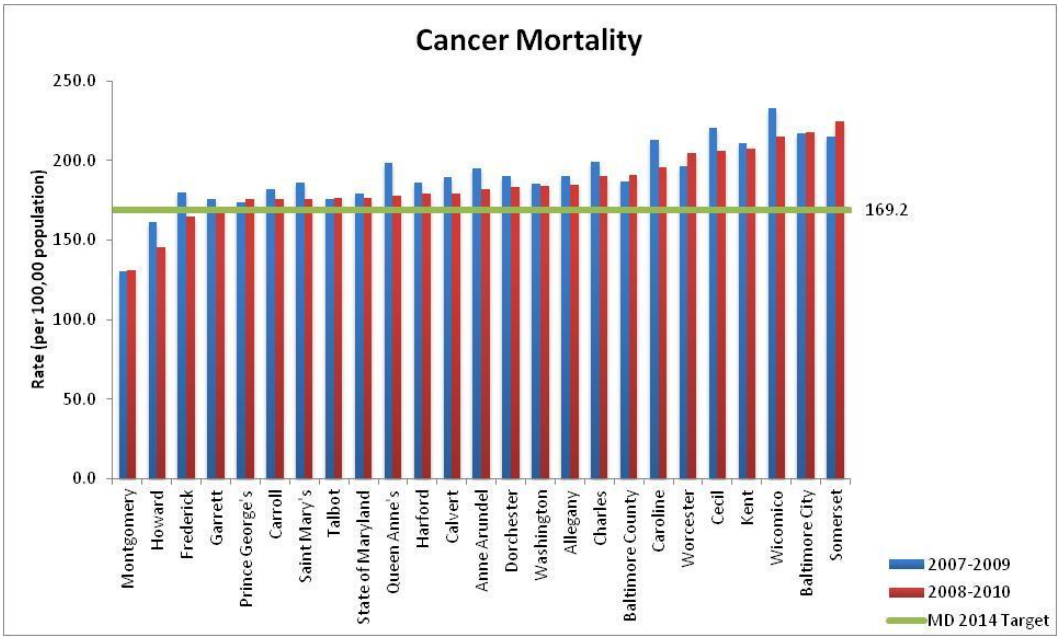
National Data Source: Healthy People 2020, National Vital Statistics System
Maryland Data Source: Maryland DHMH Vital Statistics Administration

National Baseline	Maryland SHIP	Year	Total	Black	White	SHIP 2014 Target
178.4 (2007)	Baseline	2009	177.7	193.0	176.6	169.2
	Update	2010	170.9	197.0	166.1	

Objective 26: Reduce the overall cancer death rate

Local-Level Data

Measure: Age-adjusted mortality rate from cancer (per 100,000 population)



Data Source: Maryland DHMH Vital Statistics Administration

County	2007-2009	2008-2010
State of Maryland	179.3	176.8
Allegany	190.2	184.4
Anne Arundel	195.2	182.2
Baltimore City	216.8	217.6
Baltimore County	186.9	191.2
Calvert	189.3	179.4
Caroline	212.6	195.7
Carroll	182.1	175.6
Cecil	220.2	206.0
Charles	199.3	190.0
Dorchester	190.5	183.4
Frederick	179.8	164.8
Garrett	176.0	169.5

County	2007-2009	2008-2010
Harford	185.8	179.3
Howard	161.2	145.6
Kent	210.7	207.5
Montgomery	130.1	130.8
Prince George's	173.8	175.5
Queen Anne's	198.3	177.9
Saint Mary's	186.1	175.9
Somerset	215.2	224.3
Talbot	176.1	176.7
Washington	185.4	184.3
Wicomico	232.8	215.3
Worcester	196.4	204.7

Objective 26: Reduce the overall cancer death rate

Data Details	
National Data	
Source	National Vital Statistics System
Year	2007
Maryland Data	
Source	Maryland DHMH Vital Statistics Administration (VSA)
Year	
Baseline	2009
Update	2010
Calculation	
Numerator	Number of deaths with an ICD-10 code of C00-C97
Denominator	Number of persons (population)
Population source	Maryland DHMH Vital Statistics Administration (VSA)
Single year method	(x/y)*100,000
Combined year method	Average number of deaths divided by total population for middle year
Notes	
Race/ethnicity	Race and Hispanic origin are reported separately. Data for persons of Hispanic origin are included in the data for each race group. Hispanic rates include all deaths to persons of Hispanic origin of any race.
Censoring	Rates not reported where the number of deaths was less than 20.
Origin	Data requested and received from Maryland Office of Vital Statistics, Hal Sommers 3/2012
Other	---

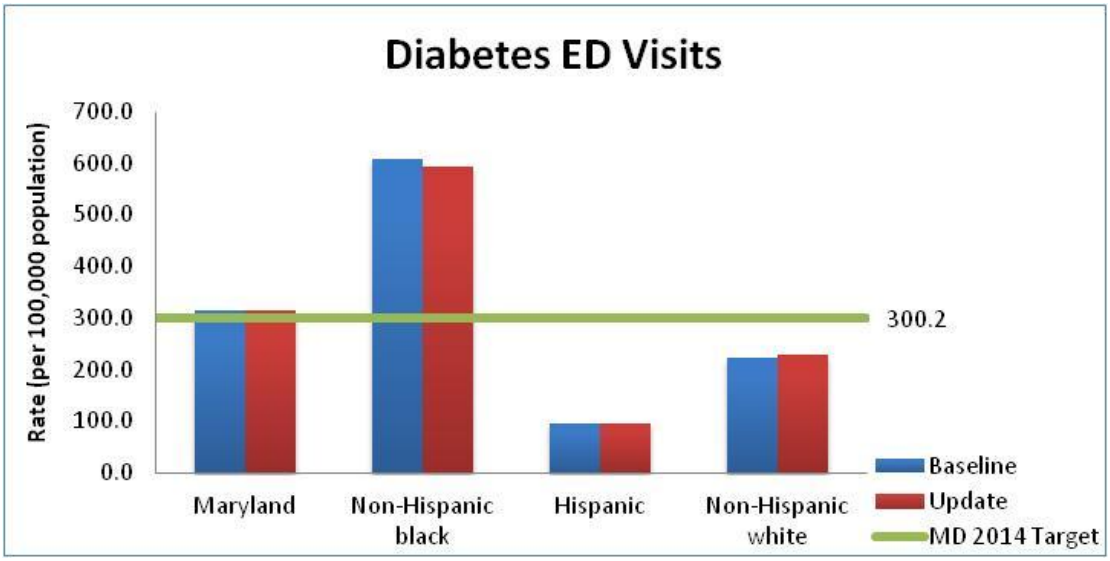
Objective 27: Reduce emergency department visits due to diabetes

Diabetes can lead to blindness, heart and blood vessel disease, stroke, kidney failure, amputations, nerve damage, pregnancy complications and birth defects. Emergency department visits for diabetes-related complications may signify that the disease is uncontrolled. In Maryland, there were 20,046 emergency department visits for a primary diagnosis of diabetes in 2010.

Update Summary: Moving toward the Maryland 2014 Target

Statistics and Goals

Measure: Number of emergency department visits due to diabetes (per 100,000 population)



Data Source: Maryland Health Services Cost Review Commission (HSCRC)

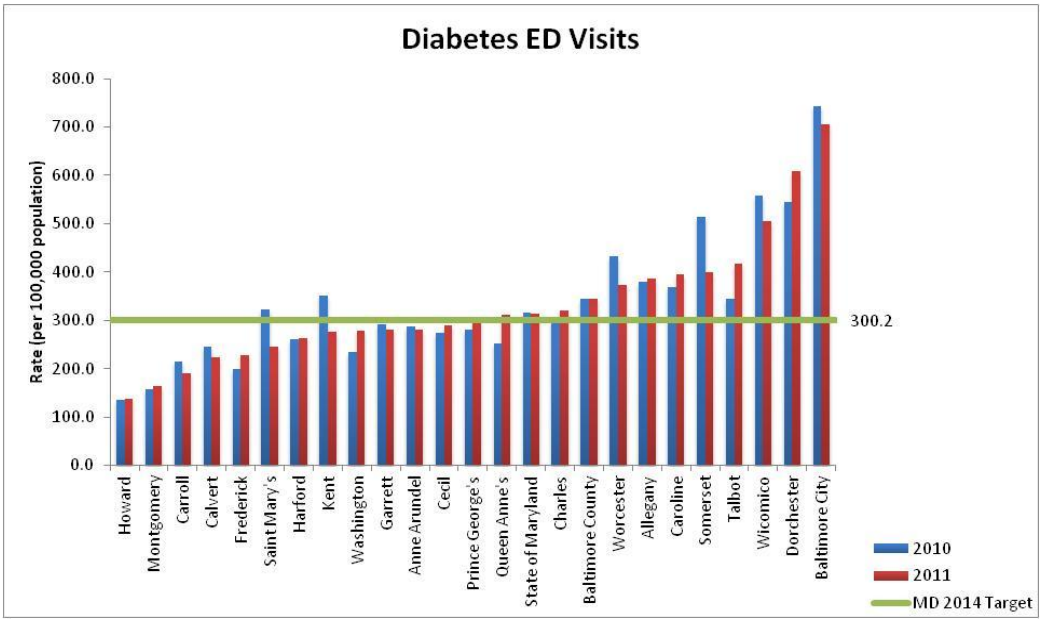
IMPORTANT: For the year 2 update, additional research was conducted and improvements were made in requesting, analyzing and displaying the hospital data. New 2010 figures and rates were used for the baseline, therefore they do not match the figures originally displayed for 2010.

Maryland SHIP	Year	Total	NH Black	Hispanic	NH White	SHIP 2014 Target
Baseline	2010	316.0	608.9	94.8	223.9	300.2
Update	2011	314.6	593.3	94.6	229.2	

Objective 27: Reduce emergency department visits due to diabetes

Local-Level Data

Measure: Number of emergency department visits due to diabetes (per 100,000 population)



Data Source: Maryland Health Services Cost Review Commission (HSCRC)

Note: Data are coded by patient's county of residence. Only visits made by Maryland residents to Maryland hospitals were used for the analysis; emergency department visits made to hospitals outside of Maryland were not included.

County	2010	2011
State of Maryland	316.0	314.6
Allegany	379.6	385.6
Anne Arundel	286.8	280.3
Baltimore City	742.1	705.4
Baltimore County	345.5	343.7
Calvert	244.5	223.0
Caroline	369.0	394.1
Carroll	214.8	190.1
Cecil	275.0	289.1
Charles	300.9	319.2
Dorchester	545.7	609.7
Frederick	199.7	227.7
Garrett	292.4	279.5

County	2010	2011
Harford	259.8	262.1
Howard	135.2	138.2
Kent	351.5	277.2
Montgomery	156.3	163.5
Prince George's	280.5	300.3
Queen Anne's	251.1	312.3
Saint Mary's	321.4	244.7
Somerset	513.8	398.6
Talbot	344.1	418.1
Washington	234.0	279.3
Wicomico	558.1	505.1
Worcester	433.4	372.7

Objective 27: Reduce emergency department visits due to diabetes

Data Details	
National Data	
Source	---
Year	---
Maryland Data	
Source	Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Inpatient and Outpatient Data Files
Year	
Baseline	2010
Update	2011
Calculation	
Numerator	Number of inpatient and outpatient emergency department visits for which the primary diagnosis was coded as 250.xx
Denominator	Number of persons (population)
Population source	Maryland Department of Planning (MDP)
Single year method	(x/y)*100,000
Combined year method	---
Notes	
Race/ethnicity	Non-Hispanic Asians, non-Hispanic blacks, Hispanics, non-Hispanic whites
Censoring	Rates not reported where the number of ED visits was less than 20.
Origin	Research level data files were obtained from the Maryland Health Services Cost Review Commission in August 2012 using a data request form.
Other	**IMPORTANT: Only visits made by Maryland residents to Maryland hospitals were used for the analysis; emergency department visits made by Maryland residents to out-of-state hospitals were not included. Data are coded by patient's county of residence.**

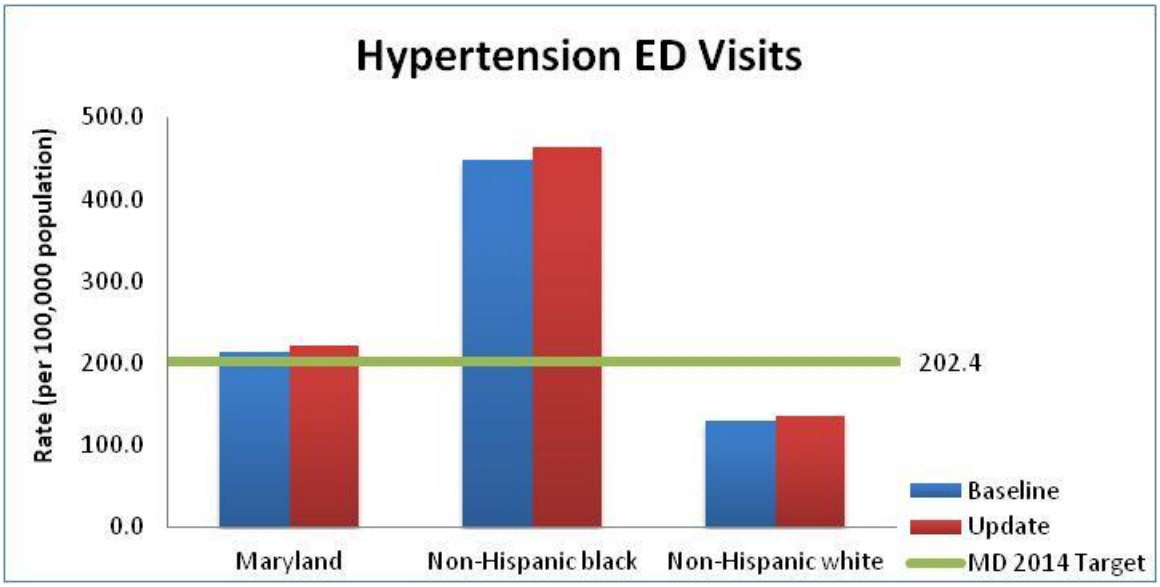
Objective 28: Reduce emergency department visits due to hypertension

In Maryland, 30% of all deaths were attributed to heart disease and stroke. Heart disease and stroke can be prevented by control of high blood pressure. In 2010, there were 13,733 emergency department visits for a primary diagnosis of hypertension in Maryland.

Update Summary: Not moving toward the Maryland 2014 Target

Statistics and Goals

Measure: Rate of emergency department visits due to hypertension (per 100,000 population)



Data Source: Maryland Health Services Cost Review Commission (HSCRC)

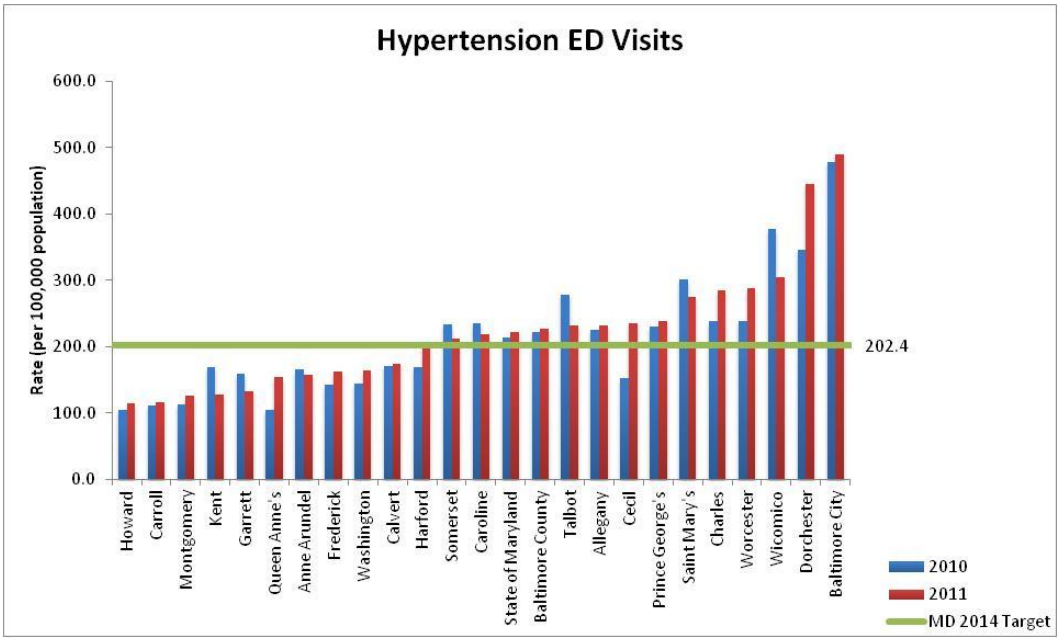
IMPORTANT: For the year 2 update, additional research was conducted and improvements were made in requesting, analyzing and displaying the hospital data. New 2010 figures and rates were used for the baseline, therefore they do not match the figures originally displayed for 2010.

Maryland SHIP	Year	Total	NH Black	NH White	SHIP 2014 Target
Baseline	2010	213.1	447.2	129.6	202.4
Update	2011	222.2	463.8	136.0	

Objective 28: Reduce emergency department visits due to hypertension

Local-Level Data

Measure: Rate of emergency department visits due to hypertension (per 100,000 population)



Data Source: Maryland Health Services Cost Review Commission (HSCRC)

Note: Data are coded by patient's county of residence. Only visits made by Maryland residents to Maryland hospitals were used for the analysis; emergency department visits made to hospitals outside of Maryland were not included.

County	2010	2011
State of Maryland	213.1	222.2
Allegany	225.1	231.6
Anne Arundel	166.5	157.1
Baltimore City	477.8	489.9
Baltimore County	221.2	226.2
Calvert	170.2	173.7
Caroline	235.9	218.3
Carroll	111.3	116.0
Cecil	152.3	236.0
Charles	238.8	284.3
Dorchester	346.4	444.2
Frederick	142.7	162.2
Garrett	159.5	133.1

County	2010	2011
Harford	169.1	204.5
Howard	104.8	115.3
Kent	168.3	128.7
Montgomery	112.4	126.2
Prince George's	231.1	238.4
Queen Anne's	104.6	155.1
Saint Mary's	301.5	274.5
Somerset	234.2	212.6
Talbot	277.9	231.4
Washington	145.2	164.0
Wicomico	377.8	304.5
Worcester	239.0	287.3

Objective 28: Reduce emergency department visits due to hypertension

Data Details	
National Data	
Source	---
Year	---
Maryland Data	
Source	Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Inpatient and Outpatient Data Files
Year	
Baseline	2010
Update	2011
Calculation	
Numerator	Number of inpatient and outpatient emergency department visits for which the primary diagnosis was coded as 401.x
Denominator	Number of persons (population)
Population source	Maryland Department of Planning (MDP)
Single year method	(x/y)*100,000
Combined year method	---
Notes	
Race/ethnicity	Non-Hispanic Asians, non-Hispanic blacks, Hispanics, non-Hispanic whites
Censoring	Rates not reported where the number of ED visits was less than 20.
Origin	Research level data files were obtained from the Maryland Health Services Cost Review Commission in August 2012 using a data request form.
Other	**IMPORTANT: Only visits made by Maryland residents to Maryland hospitals were used for the analysis; emergency department visits made by Maryland residents to out-of-state hospitals were not included. Data are coded by patient's county of residence.**

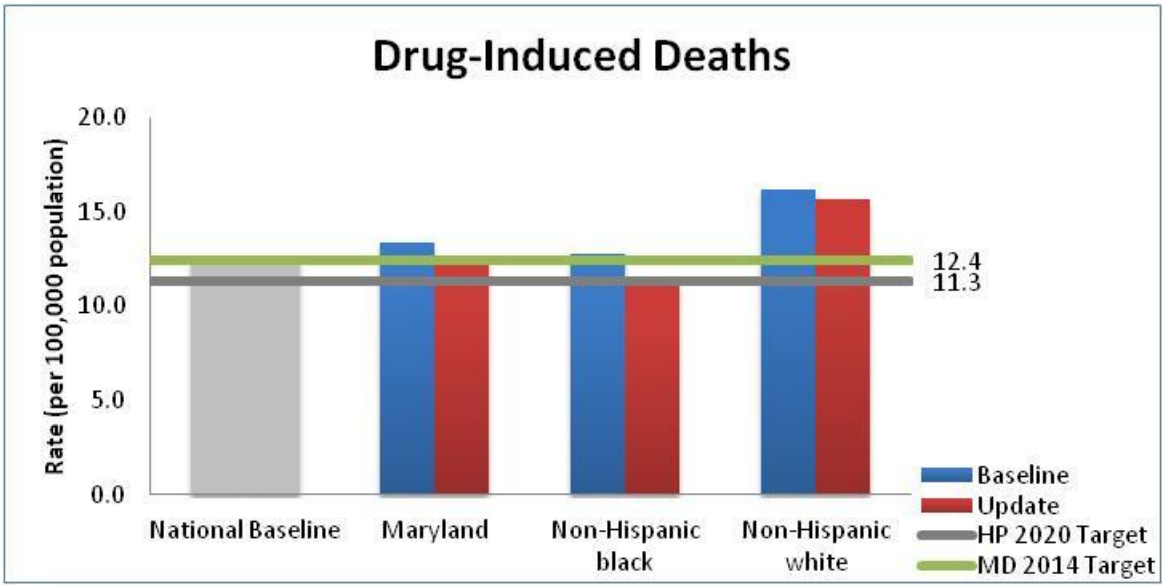
Objective 29: Reduce drug-induced deaths

Drug-induced deaths include all deaths for which illicit or prescription drugs are the underlying cause. In 2007, drug-induced deaths were more common than alcohol-induced or firearm-related deaths in the United States. In 2010, there were 761 drug-induced deaths in Maryland.

Update Summary: On track or meeting the Maryland 2014 Target

Statistics and Goals

Measure: Rate of drug-induced deaths (per 100,000 population)



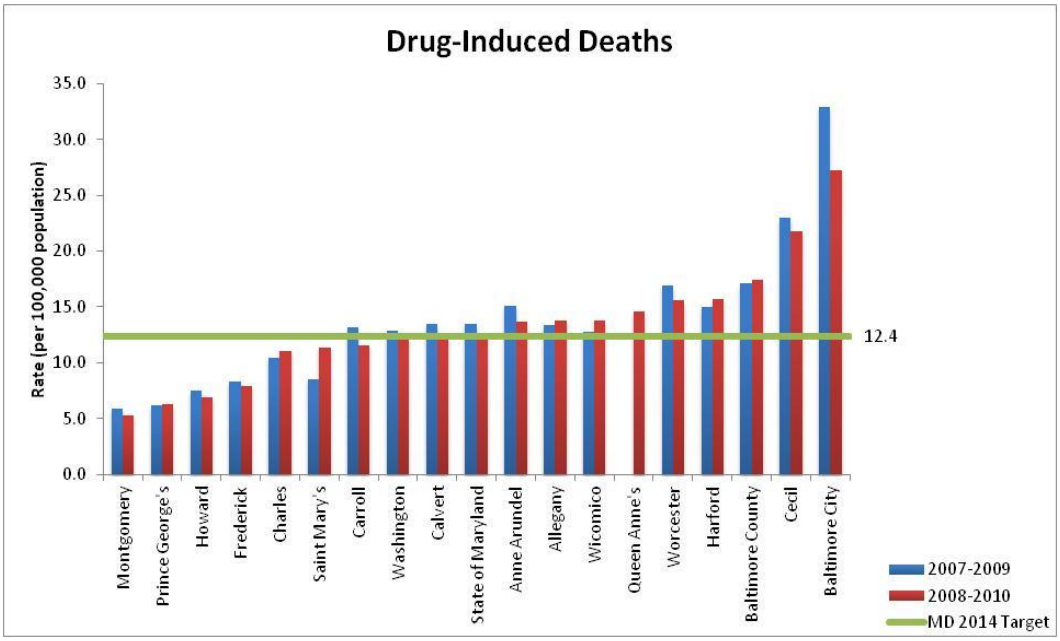
National Data Source: Healthy People 2020, National Vital Statistics System
Maryland Data Source: Maryland DHMH Vital Statistics Administration

National Baseline	Maryland SHIP	Year	Total	NH Black	NH White	SHIP 2014 Target
12.6 (2007)	Baseline	2007-2009	13.4	12.8	16.2	12.4
	Update	2008-2010	12.6	11.2	15.7	

Objective 29: Reduce drug-induced deaths

Local-Level Data

Measure: Rate of drug-induced deaths (per 100,000 population)



Data Source: Maryland DHMH Vital Statistics Administration

County	2007-2009	2008-2010
State of Maryland	13.5	12.6
Allegany	13.4	13.8
Anne Arundel	15.1	13.7
Baltimore City	32.9	27.2
Baltimore County	17.1	17.5
Calvert	13.5	12.3
Caroline	7 (Count only)	8 (Count only)
Carroll	13.2	11.6
Cecil	23.0	21.8
Charles	10.4	11.0
Dorchester	11 (Count only)	17 (Count only)
Frederick	8.3	7.9
Garrett	6 (Count only)	9 (Count only)

County	2007-2009	2008-2010
Harford	15.0	15.7
Howard	7.5	6.9
Kent	8 (Count only)	10 (Count only)
Montgomery	5.9	5.3
Prince George's	6.2	6.3
Queen Anne's	19 (Count only)	14.6
Saint Mary's	8.5	11.3
Somerset	12 (Count only)	10 (Count only)
Talbot	11 (Count only)	8 (Count only)
Washington	12.8	12.1
Wicomico	12.8	13.8
Worcester	16.9	15.6

Objective 29: Reduce drug-induced deaths

Data Details	
National Data	
Source	National Vital Statistics System
Year	2007
Maryland Data	
Source	Maryland DHMH Vital Statistics Administration (VSA)
Year	
Baseline	2007-2009
Update	2008-2010
Calculation	
Numerator	Number of deaths with an ICD-10 code of D52.1, D59.0, D59.2, D61.1, D64.2, E06.4, E16.0, E23.1, E24.2, E27.3, E66.1, F11.0-F11.5, F11.7-F11.9, F12.0-F12.5, F12.7-F12.9, F13.0-F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0-F15.5, F15.7-F15.9, F16.0-F16.5, F16.7-F16.9, F17.0, F17.3-F17.5, F17.7-F17.9, F18.0-F18.5, F18.7-18.9, F19.0-F19.5, F19.7-F19.9, G21.1, G24.0, G25.1, G25.4, G25.6, G44.4, G62.0, G72.0, I95.2, J70.2-J70.4, K85.3, L10.5, L27.0-L27.1, M10.2, M32.0, M80.4, M81.4, M83.5, M87.1, R50.2, R78.1-R78.5, X40-X44, X60-X64, X85, Y10-14
Denominator	Number of persons (population)
Population source	Maryland DHMH Vital Statistics Administration (VSA)
Single year method	(x/y)*100,000
Combined year method	Average number of deaths divided by total population for middle year
Notes	
Race/ethnicity	Race and Hispanic origin are reported separately. Data for persons of Hispanic origin are included in the data for each race group. Hispanic rates include all deaths to persons of Hispanic origin of any race.
Censoring	Rates not reported where the number of deaths was less than 20.
Origin	Data requested and received from Maryland Office of Vital Statistics, Hal Sommers 3/2012
Other	---

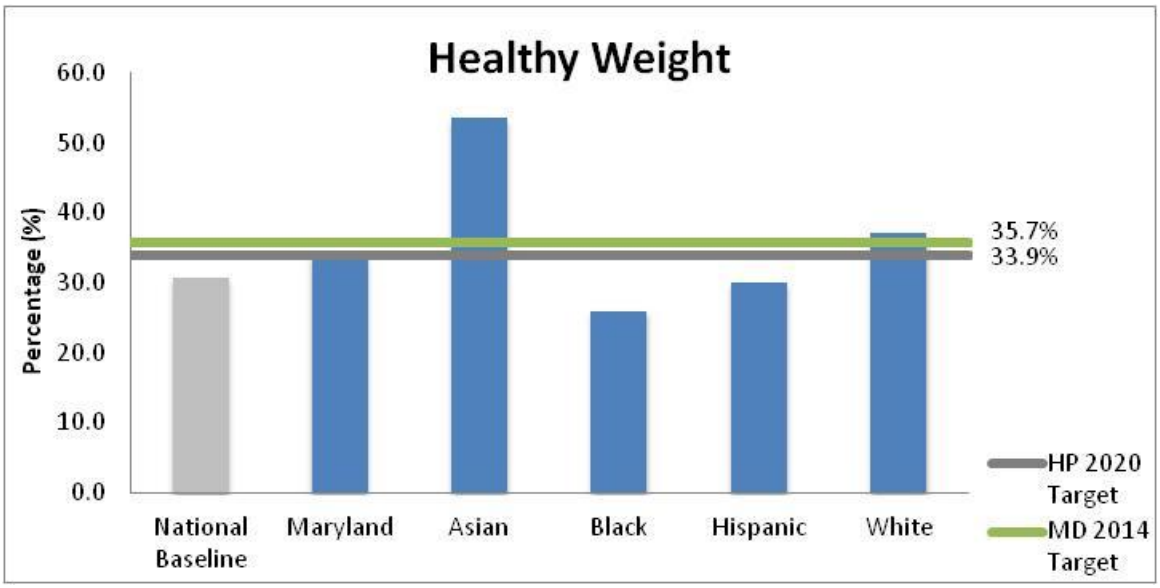
Objective 30: Increase the proportion of adults who are at a healthy weight

Forty percent of heart disease, stroke, and diabetes can be prevented through maintaining a healthy weight. Healthy weight can aid in the control of these conditions

Update Summary: Pending

Statistics and Goals

Measure: Percentage of adults who at a healthy weight



National Data Source: Healthy People 2020, National Health and Nutrition Examination Survey
Maryland Data Source: Maryland DHMH Behavioral Risk Factor Surveillance System

National Baseline	Maryland SHIP	Year	Total	Asian	Black	His-panic	White	SHIP 2014 Target
30.8 (2005 - 2008)	Baseline	2010	34.0	53.5	26.0	30.1	37.2	35.7

Objective 30: Increase the proportion of adults who are at a healthy weight

Data Details	
National Data	
Source	CDC National Health and Nutrition Examination Survey
Year	2005-2008
Maryland Data	
Source	Maryland DHMH Behavioral Risk Factor Surveillance System (BRFSS)
Year	
Baseline	2010
Update	---
Calculation	
Numerator	Number of people with BMI of less than 25 kg/m^2
Denominator	Number of persons (population)
Population source	Maryland DHMH Behavioral Risk Factor Surveillance System (BRFSS)
Single year method	(x/y)*100
Combined year method	Total number of persons with healthy weight divided by total population
Notes	
Race/ethnicity	Race and Hispanic origin are reported separately. Data for persons of Hispanic origin are included in the data for each race group according to self-reported race.
Censoring	---
Origin	Requested and received from DHMH Center for Chronic Disease Prevention and Control, Sara Barra, September 2011
Other	---

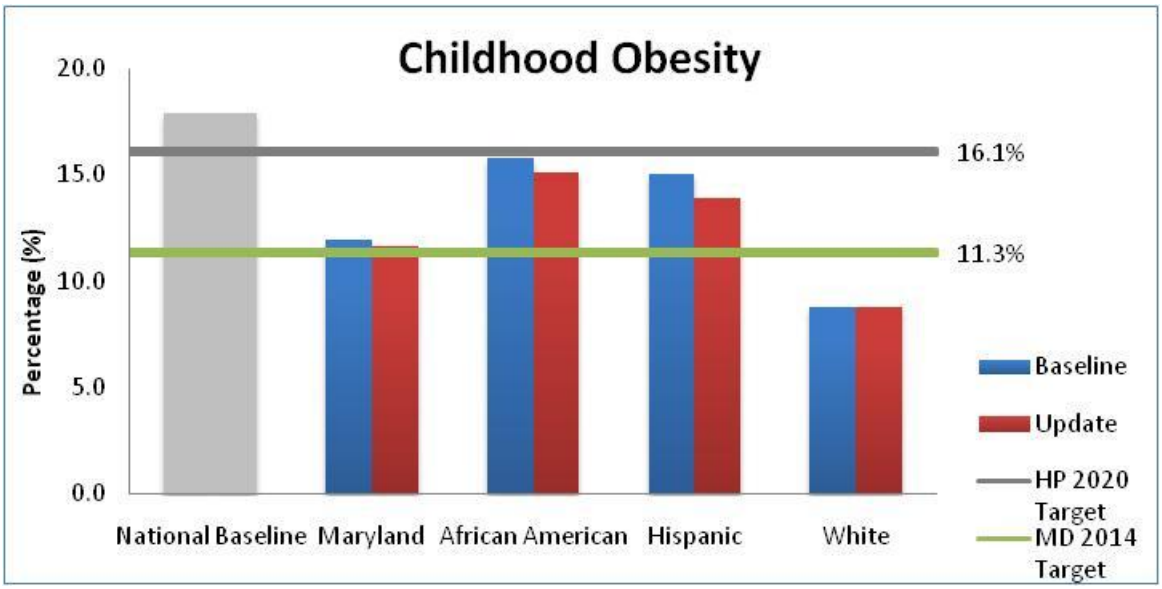
Objective 31: Reduce the percentage of children and adolescents who are obese

In the last 20 years, the percentage of overweight/obese children has more than doubled and, for adolescents, it has tripled. Overweight/obese children are at increased risk of developing life-threatening chronic diseases, such as Type 2 diabetes.

Update Summary: On track or meeting the Maryland 2014 Target

Statistics and Goals

Measure: Percentage of children and adolescents who are obese



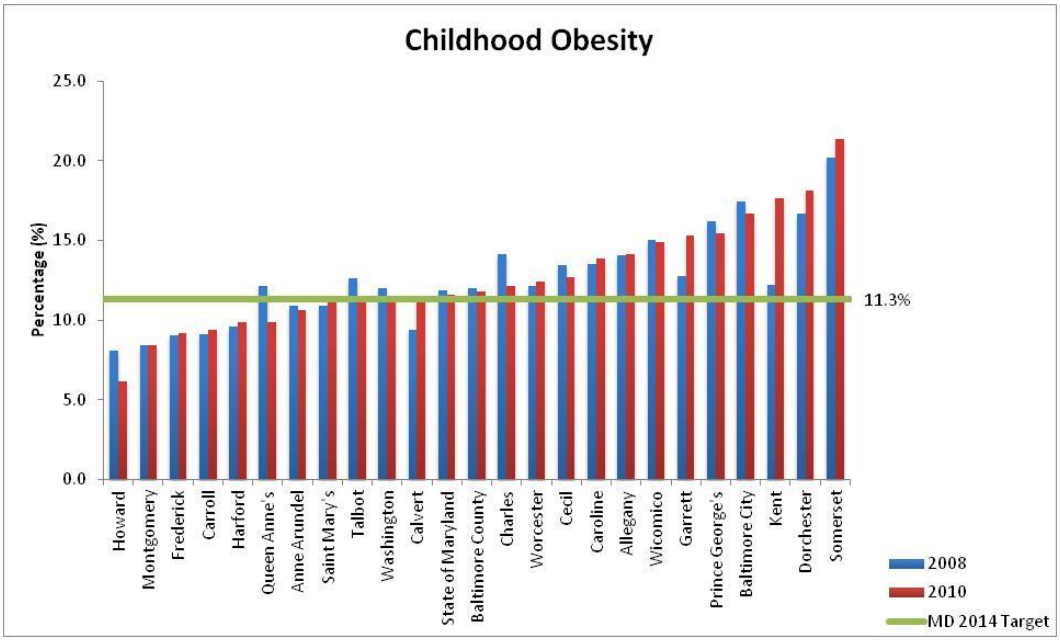
National Data Source: Healthy People 2020, CDC National Health and Nutrition Examination Survey (NHANES)
Maryland Data Source: Maryland Youth Tobacco Survey (MYTS)

National Baseline	Maryland SHIP	Year	Total	African American	Hispanic	White	SHIP 2014 Target
17.9 (2005-2008)	Baseline	2008	11.9	15.8	15.0	8.8	11.3
	Update	2010	11.6	15.1	13.9	8.8	

Objective 31: Reduce the percentage of children and adolescents who are obese

Local-Level Data

Measure: Percentage of children and adolescents who are obese



Data Source: Maryland Youth Tobacco Survey (MYTS)

County	2008	2010
State of Maryland	11.9	11.6
Allegany	14.0	14.2
Anne Arundel	10.9	10.6
Baltimore City	17.4	16.7
Baltimore County	12.0	11.8
Calvert	9.4	11.5
Caroline	13.5	13.8
Carroll	9.1	9.4
Cecil	13.4	12.7
Charles	14.1	12.2
Dorchester	16.7	18.1
Frederick	9.1	9.2
Garrett	12.8	15.3

County	2008	2010
Harford	9.6	9.8
Howard	8.0	6.2
Kent	12.2	17.7
Montgomery	8.4	8.4
Prince George's	16.2	15.4
Queen Anne's	12.1	9.9
Saint Mary's	10.9	11.3
Somerset	20.2	21.3
Talbot	12.6	11.4
Washington	12.0	11.5
Wicomico	15.0	14.9
Worcester	12.2	12.4

Objective 31: Reduce the percentage of children and adolescents who are obese

Data Details	
National Data	
Source	CDC National Health and Nutrition Examination Survey
Year	2005-2008
Maryland Data	
Source	Maryland Youth Tobacco Survey (MYTS)
Year	
Baseline	2008
Update	2010
Calculation	
Numerator	Number of adolescents ages 12 to 19 attending public school who have a Body Mass Index (BMI) (determined through self-reported height and weight) equal to or above the 95th percentile for age and gender
Denominator	Number of persons (population)
Population source	Maryland Youth Tobacco Survey (MYTS)
Single year method	(x/y)*100
Combined year method	---
Notes	
Race/ethnicity	Race and Hispanic origin are reported using the following categories: Asian, African American, Hispanic, and White.
Censoring	Rates not reported where the total number of students was less than 50.
Origin	Data received from DHMH Center for Chronic Disease Prevention and Control, Sara Barra, 7/27/2012.
Other	---

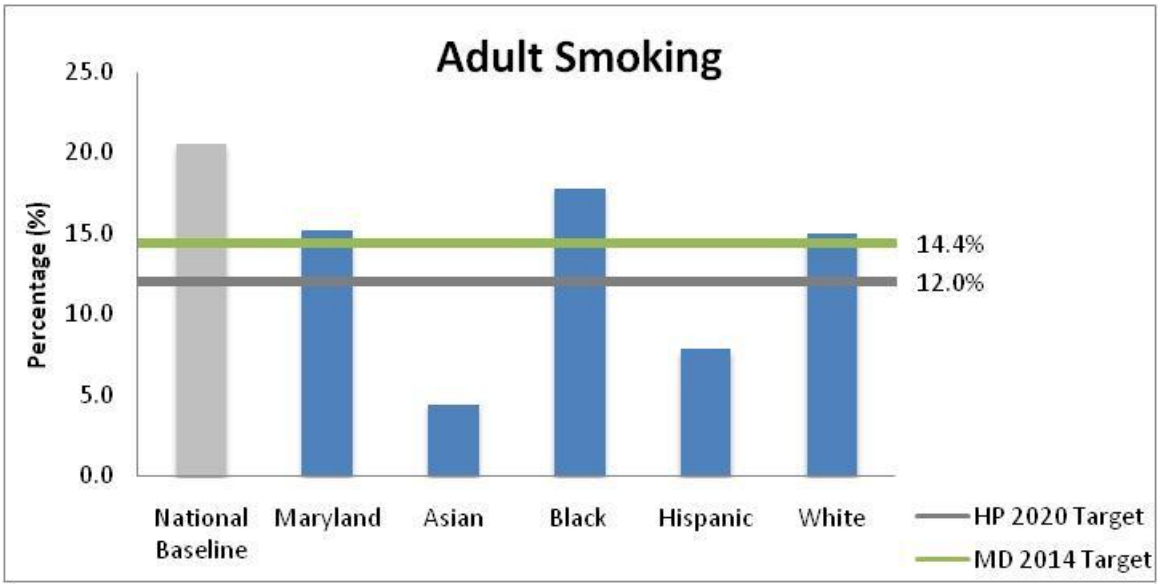
Objective 32: Reduce cigarette smoking among adults

Cigarette smoking is the cause of almost 6,800 Maryland deaths each year and 150,000 people suffer from diseases/cancers caused by cigarette smoking.

Update Summary: Pending

Statistics and Goals

Measure: Percentage of adults who currently smoke



National Data Source: Healthy People 2020, CDC National Health Interview Survey (NHIS)
Maryland Data Source: Maryland DHMH Behavioral Risk Factor Surveillance System (BRFSS)

National Baseline	Maryland SHIP	Year	Total	Asian	Black	Hispanic	White	SHIP 2014 Target
20.6 (2008)	Baseline	2010	15.2	4.4	17.8	7.8	15.0	14.4

Objective 32: Reduce cigarette smoking among adults

Data Details	
National Data	
Source	CDC National Health Interview Survey
Year	2008
Maryland Data	
Source	Maryland DHMH Behavioral Risk Factor Surveillance System (BRFSS)
Year	
Baseline	2010
Update	---
Calculation	
Numerator	Number of persons who reported currently smoking cigarettes some days or every day.
Denominator	Number of persons (population)
Population source	Maryland DHMH Behavioral Risk Factor Surveillance System (BRFSS)
Single year method	(x/y)*100
Combined year method	Total number of current smokers divided by total population
Notes	
Race/ethnicity	Race and Hispanic origin are reported separately. Data for persons of Hispanic origin are included in the data for each race group according to self-reported race.
Censoring	---
Origin	Requested and received from DHMH Center for Chronic Disease Prevention and Control, Sara Barra, September 2011
Other	---

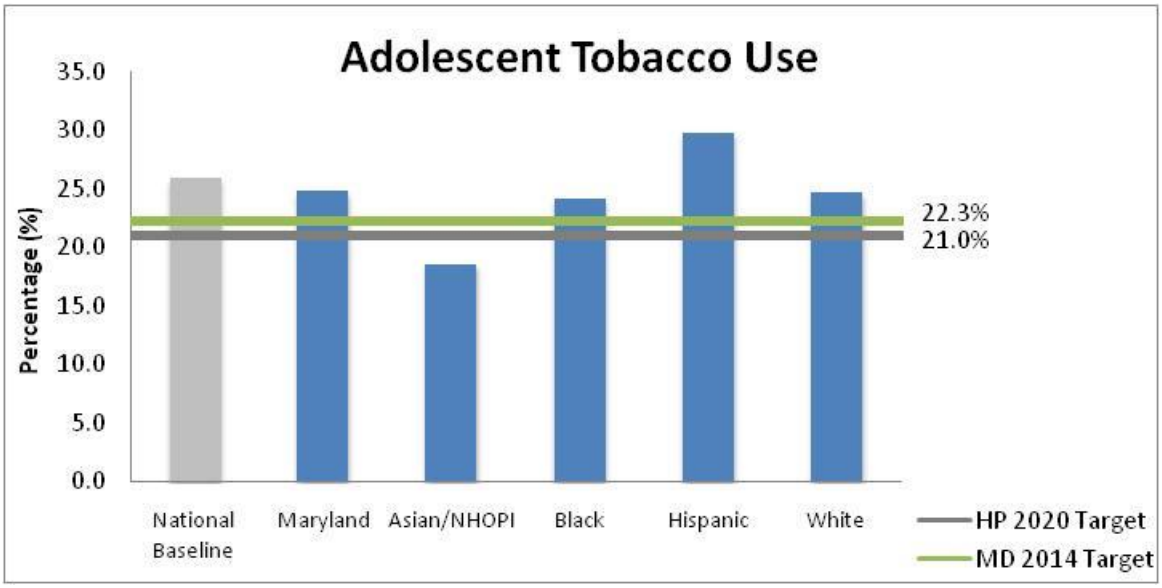
Objective 33: Reduce tobacco use among adolescents

Preventing youth from using tobacco products is critical to improving the health of Marylanders. This highly addictive behavior can lead to costly illnesses and death to users and those exposed to secondhand smoke.

Update Summary: Pending

Statistics and Goals

Measure: Percentage of adolescents who use tobacco products



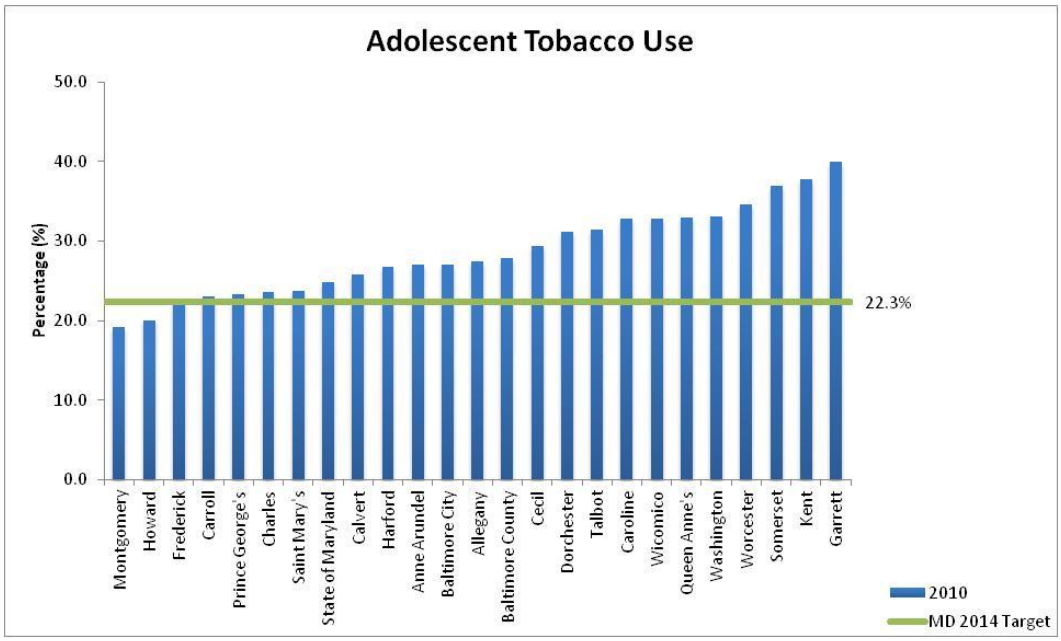
National Data Source: Healthy People 2020, CDC National Youth Risk Behavior Surveillance System (YRBSS)
Maryland Data Source: Maryland Youth Tobacco Survey (MYTS)

National Baseline	Maryland SHIP	Year	Total	Asian/ NHOPI	Black	Hispanic	White	SHIP 2014 Target
26.0 (2009)	Baseline	2010	24.8	18.6	24.2	29.8	24.7	22.3

Objective 33: Reduce the Percent of Youths Who Use Any Kind of Tobacco Product

Local-Level Data

Measure: Percentage of adolescents who used any tobacco product in the last 30 days



Data Source: Maryland Youth Tobacco Survey

County	2010
State of Maryland	24.8
Allegany	27.5
Anne Arundel	27.0
Baltimore City	27.1
Baltimore County	27.8
Calvert	25.8
Caroline	32.8
Carroll	23.1
Cecil	29.4
Charles	23.6
Dorchester	31.1
Frederick	22.6
Garrett	40.0

County	2010
Harford	26.8
Howard	20.0
Kent	37.7
Montgomery	19.2
Prince George's	23.3
Queen Anne's	32.9
Saint Mary's	23.7
Somerset	37.0
Talbot	31.5
Washington	33.1
Wicomico	32.8
Worcester	34.6

Objective 33: Reduce the Percent of Youths Who Use Any Kind of Tobacco Product

Data Details	
National Data	
Source	CDC National Youth Risk Behavior Surveillance System
Year	2009
Maryland Data	
Source	Maryland Youth Tobacco Survey (MYTS)
Year	
Baseline	2010
Update	---
Calculation	
Numerator	Number of adolescents who reported using any kind of tobacco product
Denominator	Number of persons (population)
Population source	Maryland Youth Tobacco Survey (MYTS)
Single year method	(x/y)*100
Combined year method	---
Notes	
Race/ethnicity	Race and Hispanic origin are reported using the following categories: Asian, black, Hispanic, and white.
Censoring	---
Origin	Data requested and received from the DHMH Center for Tobacco Prevention and Control, Bob Fiedler, 9/2011
Other	---

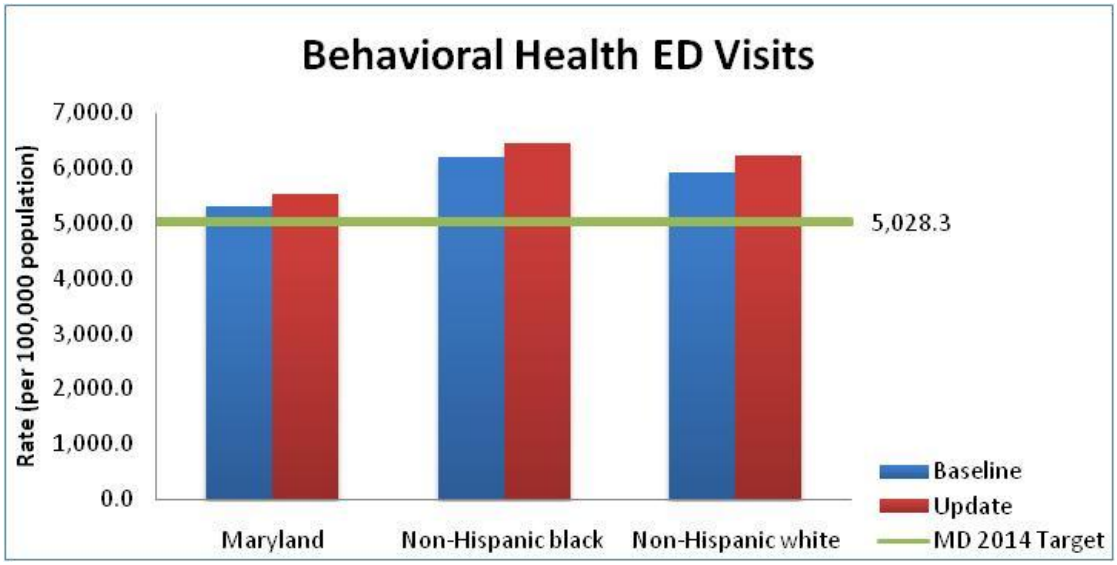
Objective 34: Reduce the number of emergency department visits related to behavioral health conditions

Substance abuse and mental health problems can place a heavy burden on the healthcare system, particularly when persons in crisis utilize emergency departments instead of other sources of care when available. In Maryland, there were 69,649 behavioral health-related emergency department visits in 2010.

Update Summary: Not moving toward the Maryland 2014 Target

Statistics and Goals

Measure: Rate of emergency department visits related to behavioral health* (per 100,000 population)



Data Source: Maryland Health Services Cost Review Commission (HSCRC)

* diagnoses included adjustment disorders, anxiety disorders, attention deficit, conduct or disruptive behavior disorders, disorders usually diagnosed in infancy, childhood, or adolescence, impulse control disorders (not classified elsewhere), mood disorders, personality disorders, schizophrenia and other psychotic disorders, alcohol-related disorders, substance-related disorders, suicide and intentional self-inflicted injury, and miscellaneous mental disorders.

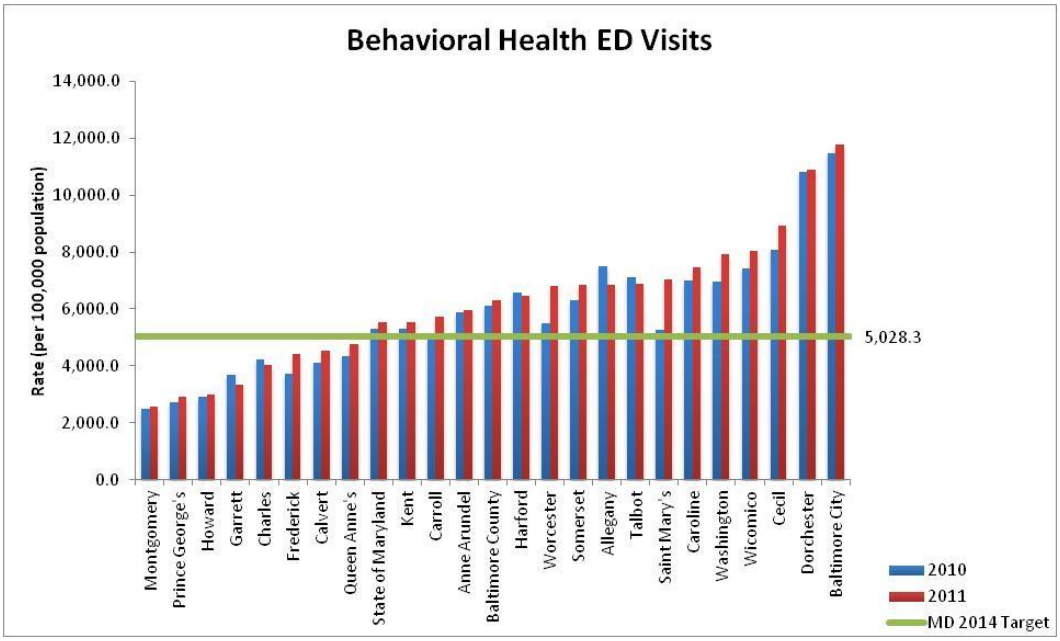
IMPORTANT: For the year 2 update, additional research was conducted and improvements were made in requesting, analyzing and displaying the hospital data. The Year 1 figures and rates did not include substance abuse disorders. The updated 2010 figures and rates were used for the baseline, therefore they do not match the figures originally displayed for 2010.

Maryland SHIP	Year	Total	NH Black	NH White	SHIP 2014 Target
Baseline	2010	5,292.9	6,187.4	5,906.8	5,028.3
Update	2011	5,521.7	6,444.6	6,217.0	

Objective 34: Reduce the number of emergency department visits related to behavioral health conditions

Local-Level Data

Measure: Rate of emergency department visits related to behavioral health* (per 100,000 population)



Data Source: Maryland Health Services Cost Review Commission (HSCRC)

* diagnoses included adjustment disorders, anxiety disorders, attention deficit, conduct or disruptive behavior disorders, disorders usually diagnosed in infancy, childhood, or adolescence, impulse control disorders (not classified elsewhere), mood disorders, personality disorders, schizophrenia and other psychotic disorders, alcohol-related disorders, substance-related disorders, suicide and intentional self-inflicted injury, and miscellaneous mental disorders.

Note: Data are coded by patient's county of residence. Only visits made by Maryland residents to Maryland hospitals were used for the analysis; emergency department visits made to hospitals outside of Maryland were not included.

County	2010	2011
State of Maryland	5,292.9	5,521.7
Allegany	7,517.9	6,846.8
Anne Arundel	5,878.3	5,944.3
Baltimore City	11,479.6	11,767.5
Baltimore County	6,123.0	6,288.2
Calvert	4,127.9	4,529.7

County	2010	2011
Caroline	6,992.1	7,454.9
Carroll	4,979.8	5,732.0
Cecil	8,078.5	8,933.7
Charles	4,236.1	4,024.7
Dorchester	10,819.2	10,885.4
Frederick	3,725.2	4,422.5
Garrett	3,674.8	3,347.6
Harford	6,577.3	6,469.3
Howard	2,899.1	2,999.6
Kent	5,292.9	5,548.4
Montgomery	2,502.7	2,569.1
Prince George's	2,722.1	2,930.9
Queen Anne's	4,357.9	4,752.5
Saint Mary's	5,269.6	7,027.1
Somerset	6,297.7	6,830.2
Talbot	7,135.7	6,892.8
Washington	6,953.8	7,913.5
Wicomico	7,440.3	8,050.2
Worcester	5,511.7	6,792.3

Objective 34: Reduce the number of emergency department visits related to behavioral health conditions

Data Details	
National Data	
Source	---
Year	---
Maryland Data	
Source	Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Inpatient and Outpatient Data Files
Year	
Baseline	2010
Update	2011
Calculation	
Numerator	Number of inpatient and outpatient emergency department visits for which the primary or secondary diagnosis was defined as a behavioral health by the Healthcare Cost and Utilization Project (HCUP), Agency for Healthcare Research and Quality (AHRQ). These diagnoses included adjustment disorders, anxiety disorders, attention deficit, conduct or disruptive behavior disorders, disorders usually diagnosed in infancy, childhood, or adolescence, impulse control disorders (not classified elsewhere), mood disorders, personality disorders, schizophrenia and other psychotic disorders, alcohol-related disorders, substance-related disorders, suicide and intentional self-inflicted injury, and miscellaneous mental disorders.
Denominator	Number of persons (population)
Population source	Maryland Department of Planning (MDP)
Single year method	(x/y)*100,000
Combined year method	---
Notes	
Race/ethnicity	Non-Hispanic Asians, non-Hispanic blacks, Hispanics, non-Hispanic whites
Censoring	Rates not reported where the number of ED visits was less than 20.
Origin	Research level data files were obtained from the Maryland Health Services Cost Review Commission in August 2012 using a data request form.
Other	**IMPORTANT: Only visits made by Maryland residents to Maryland hospitals were used for the analysis; emergency department visits made by Maryland residents to out-of-state hospitals were not included. Data are coded by patient's county of residence.**

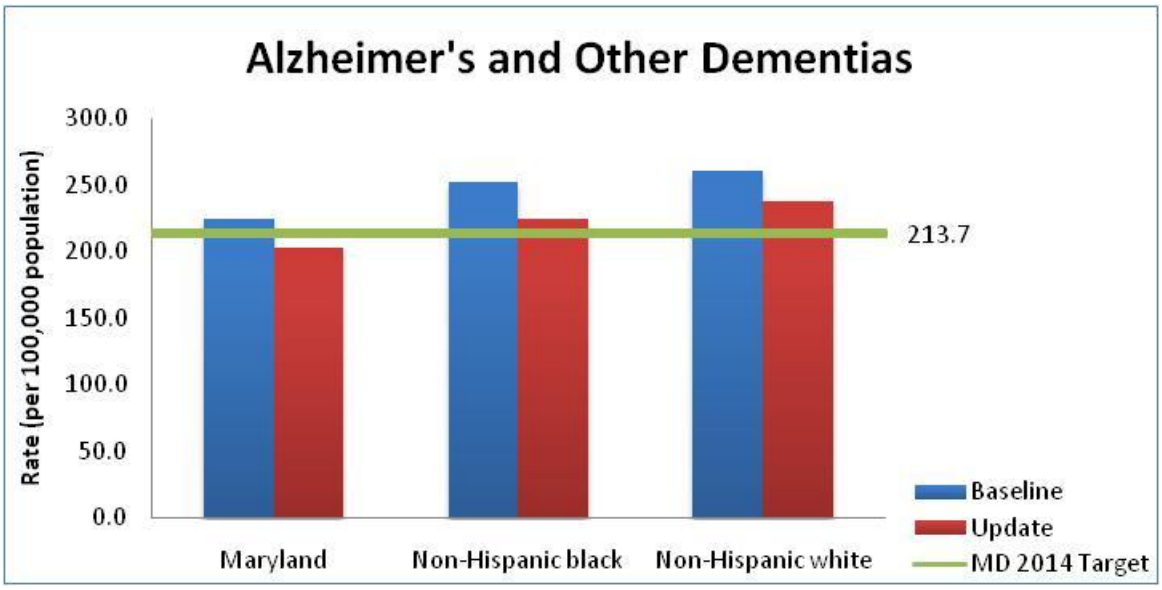
Objective 35: Reduce the rate of hospitalizations related to Alzheimer's disease and other dementias

In the US, an estimated 5.4 million people are living with Alzheimer's disease. Reducing the proportion of hospitalizations related to Alzheimer's and other dementias can decrease burdens on individuals, families, and the health care system.

Update Summary: On track or meeting the Maryland 2014 Target

Statistics and Goals

Measure: Rate of hospitalizations related to Alzheimer's or other dementias (per 100,000 population)



Data Source: Maryland Health Services Cost Review Commission (HSCRC)

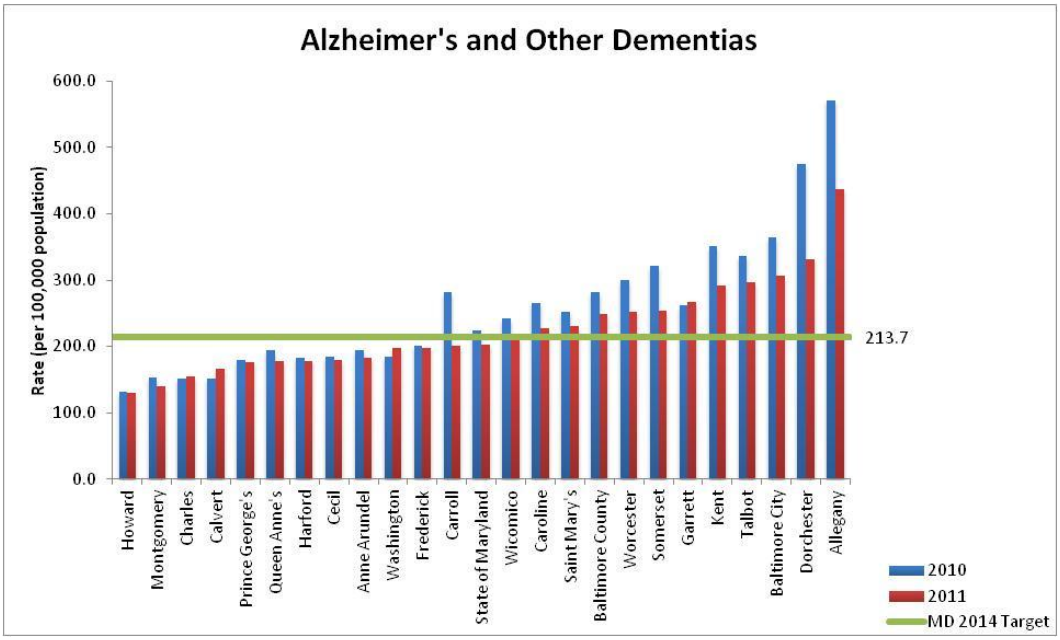
IMPORTANT: For the year 2 update, additional research was conducted and improvements were made in requesting, analyzing and displaying the hospital data. The updated 2010 figures and rates were used for the baseline, therefore they do not match the figures originally displayed for 2010.

Maryland SHIP	Year	Total	NH Black	NH White	SHIP 2014 Target
Baseline	2010	224.9	252.3	260.5	213.7
Update	2011	202.9	224.5	237.1	

Objective 35: Reduce the rate of hospitalizations related to Alzheimer's disease and other dementias

Local-Level Data

Measure: Rate of hospitalizations related to Alzheimer's or other dementias (per 100,000 population)



Data Source: Maryland Health Services Cost Review Commission (HSCRC)

Note: Data are coded by patient's county of residence. Only hospitalizations of Maryland residents to Maryland hospitals were used for the analysis; hospitalizations of Maryland residents in out-of-state hospitals were not included.

County	2010	2011
State of Maryland	224.9	202.9
Allegany	571.3	436.5
Anne Arundel	195.1	183.5
Baltimore City	365.2	306.1
Baltimore County	281.4	248.8
Calvert	151.0	166.9
Caroline	266.1	227.4
Carroll	281.2	200.3
Cecil	184.0	179.0
Charles	151.5	154.9
Dorchester	475.2	330.9
Frederick	201.0	198.1
Garrett	262.5	266.2

County	2010	2011
Harford	183.4	178.1
Howard	131.7	130.7
Kent	351.5	292.0
Montgomery	153.6	140.5
Prince George's	178.8	176.9
Queen Anne's	194.6	177.9
Saint Mary's	252.0	230.7
Somerset	321.1	254.4
Talbot	336.1	297.2
Washington	184.5	197.0
Wicomico	242.1	211.7
Worcester	299.3	252.4

Objective 35: Reduce the rate of hospitalizations related to Alzheimer's disease and other dementias

Data Details	
National Data	
Source	---
Year	---
Maryland Data	
Source	Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Inpatient Data Files
Year	
Baseline	2010
Update	2011
Calculation	
Numerator	Number of hospital admissions for which the primary or secondary diagnosis was coded as 290.0, 290.10, 290.11, 290.12, 290.13, 290.20, 290.21, 290.3, 290.40, 290.41, 290.42, 290.43, 291.2, 294.0, 294.10, 294.11, 331.0, 331.10, 331.11, 331.19, 331.2, 331.7, 331.82
Denominator	Number of persons (population)
Population source	Maryland Department of Planning (MDP)
Single year method	(x/y)*100,000
Combined year method	---
Notes	
Race/ethnicity	Non-Hispanic Asians, non-Hispanic blacks, Hispanics, non-Hispanic whites
Censoring	Rates not reported where the number of ED visits was less than 20.
Origin	Research level data files were obtained from the Maryland Health Services Cost Review Commission in August 2012 using a data request form.
Other	**IMPORTANT: Only hospitalizations of Maryland residents to Maryland hospitals were used for the analysis; hospitalizations of Maryland residents in out-of-state hospitals were not included. Data are coded by patient's county of residence.**

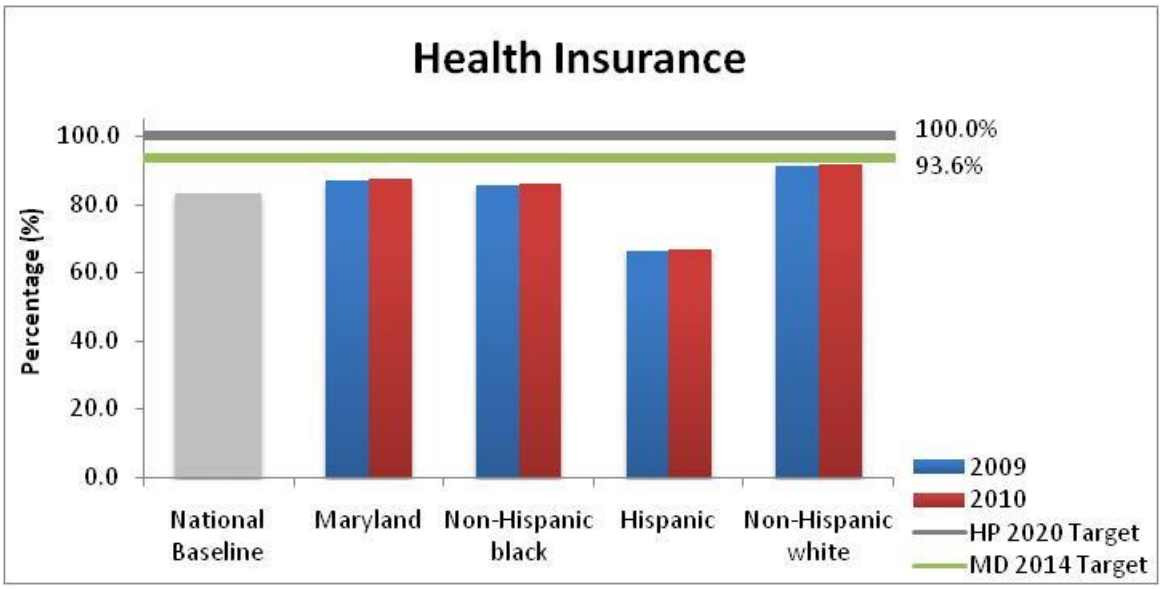
Objective 36: Increase the proportion of persons with health insurance

People without health insurance are more likely to be in poor health than the insured. Lack of health insurance can result in increased visits to the emergency department and decreased routine care visits with a primary care provider.

Update Summary: Moving toward the Maryland 2014 Target

Statistics and Goals

Measure: Percent of persons under age 65 years with health (medical) insurance



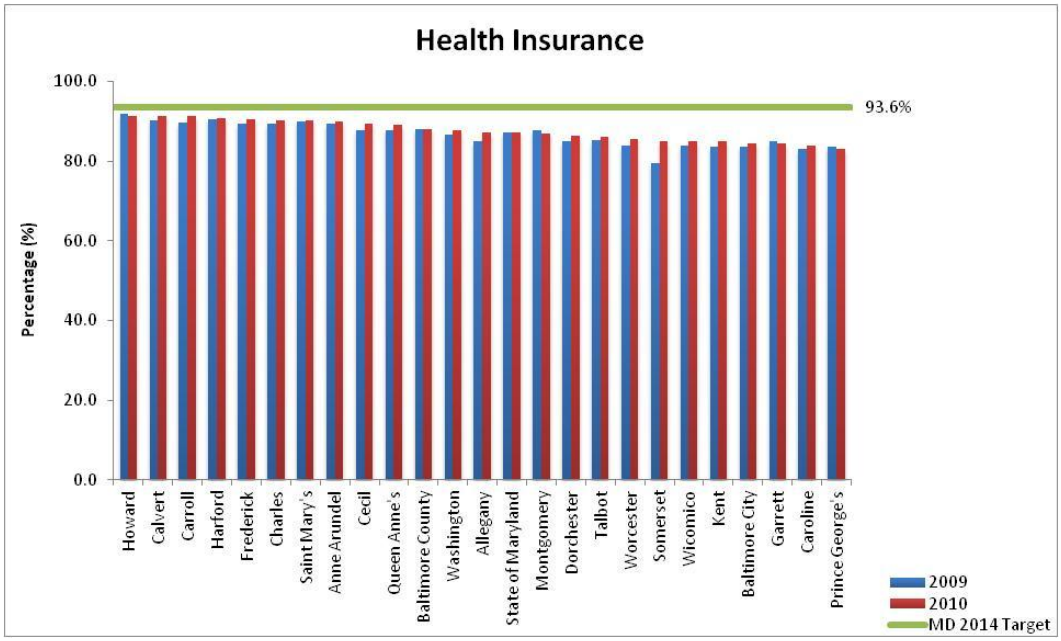
National Data Source: Healthy People 2020, CDC National Health Interview Survey (NHIS)
Maryland Data Source: U.S. Census Bureau, Small Area Health Insurance Estimates Program

National Baseline	Maryland SHIP	Year	Total	NH Black	Hispanic	NH White	SHIP 2014 Target
83.2 (2008)	Baseline	2009	87.1	85.5	66.1	91.3	93.6
	Update	2010	87.3	86.0	66.5	91.8	

Objective 36: Increase the proportion of persons with health insurance

Local-Level Data

Measure: Percent of persons under age 65 years with health (medical) insurance



Data Source: U.S. Census Bureau, Small Area Health Insurance Estimates Program

County	2009	2010
State of Maryland	87.1	87.3
Allegany	85.1	87.3
Anne Arundel	89.3	89.9
Baltimore City	83.5	84.3
Baltimore County	88.1	87.9
Calvert	90.1	91.3
Caroline	83.1	83.9
Carroll	89.6	91.3
Cecil	87.8	89.3
Charles	89.5	90.2
Dorchester	84.9	86.4
Frederick	89.5	90.5
Garrett	85.1	84.3

County	2009	2010
Harford	90.6	90.8
Howard	91.9	91.4
Kent	83.5	84.9
Montgomery	87.6	86.8
Prince George's	83.7	83.0
Queen Anne's	87.7	89.2
Saint Mary's	89.0	90.1
Somerset	79.5	85.0
Talbot	85.3	86.0
Washington	86.6	87.7
Wicomico	84.0	85.0
Worcester	84.0	85.4

Objective 36: Increase the proportion of persons with health insurance

Data Details	
National Data	
Source	CDC National Health Interview Survey
Year	2008
Maryland Data	
Source	US Census Bureau, Small Area Health Insurance Estimates (SAHIE) Program
Year	
Baseline	2009
Update	2010
Calculation	
Numerator	Number of persons aged 0-64 years who have any type of health insurances
Denominator	Number of persons (population)
Population source	US Census Bureau
Single year method	(x/y)*100
Combined year method	---
Notes	
Race/ethnicity	Race and Hispanic origin are reported using the following categories: non-Hispanic black, Hispanic, non-Hispanic white.
Censoring	---
Origin	Data downloaded from the US Census Bureau, Small Area Health Insurance Estimates (SAHIE) webpage: http://www.census.gov/did/www/sahie/ in September 2012
Other	The Small Area Health Insurance Estimates (SAHIE) program was created to develop model-based estimates of health insurance coverage for counties and states. This program builds on the work of the Small Area Income and Poverty Estimates (SAIPE) program. Data on health insurance coverage for all counties are not currently available elsewhere. The SAHIE program models health insurance coverage by combining survey data with population estimates and administrative records. SAHIE estimates are based on data from the following sources: American Community Survey (ACS);demographic population estimates; aggregated federal tax returns; participation records for the Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp program; County Business Patterns; Medicaid and Children's Health Insurance Program (CHIP) participation records; and Census 2000. See http://www.census.gov/did/www/sahie/about/faq.html for further details on the modeling procedure used for SAHIE.

Objective 37: Increase the proportion of adolescents who have an annual wellness checkup

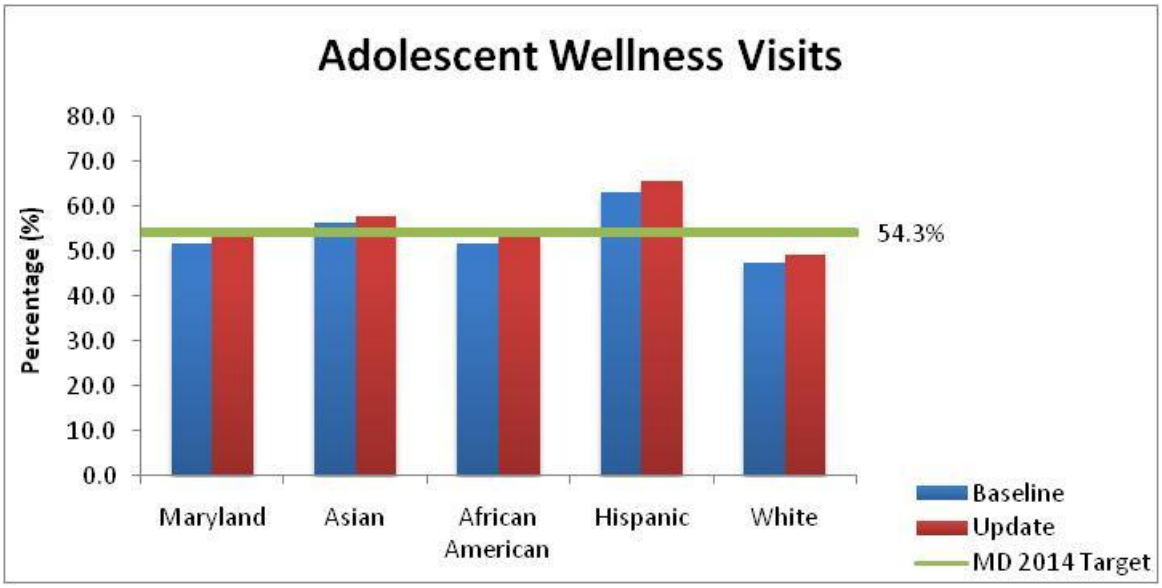
Many health and social problems peak in adolescence (homicide, suicide, motor vehicle crashes, substance use and abuse, smoking, sexually transmitted infections, HIV, unplanned pregnancies, and homelessness). Receiving annual wellness checkups can help detect and prevent the development of these problems in adolescence and later in life.

Update Summary: On track or meeting the Maryland 2014 Target

Due to the difficulty in obtaining local level data for this measure, as well as the inability to report by race/ethnicity, the data source has been changed to Maryland Medicaid Utilization Data. The baseline will remain 2010 and the 2014 target is based on 5% improvement.

Statistics and Goals

Measure: Percentage of adolescents (ages 13-20 years old) enrolled in Medicaid (320+ days) who received a wellness visit during the year



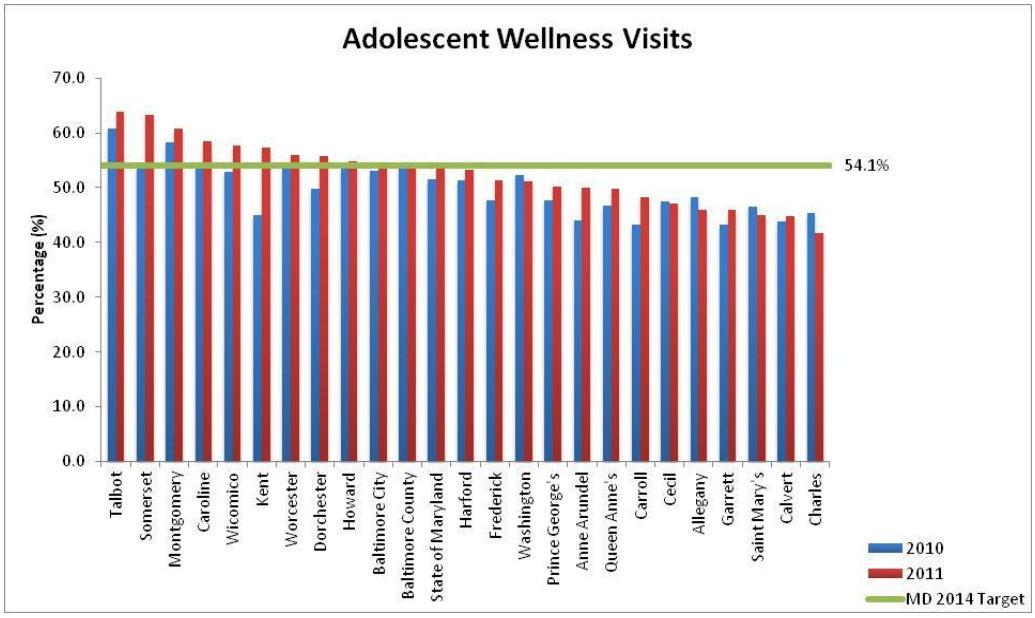
Data Source: Maryland Medicaid Service Utilization Data

Maryland SHIP	Year	Total	Asian	African American	Hispanic	White	SHIP 2014 Target
Baseline	2010	51.7	56.5	51.6	63.3	47.4	54.3
Update	2011	53.5	57.9	53.2	65.6	49.3	

Objective 37: Increase the proportion of adolescents who have an annual wellness checkup

Local-Level Data

Measure: Percentage of adolescents (ages 13-20 years old) enrolled in Medicaid (320+ days) who received a wellness visit during the year



Data Source: Maryland Medicaid Service Utilization Data
Note: data source changed from 2011 SHIP

County	2010	2011
State of Maryland	51.5	53.4
Allegany	48.2	46.0
Anne Arundel	44.1	49.9
Baltimore City	53.0	54.5
Baltimore County	54.4	54.0
Calvert	43.9	44.7
Caroline	53.9	58.5
Carroll	43.2	48.2
Cecil	47.6	47.2
Charles	45.4	41.8
Dorchester	49.9	55.8
Frederick	47.6	51.3
Garrett	43.3	45.9

County	2010	2011
Harford	51.4	53.3
Howard	53.7	54.8
Kent	44.9	57.4
Montgomery	58.2	60.7
Prince George's	47.8	50.2
Queen Anne's	46.8	49.8
Saint Mary's	46.5	44.9
Somerset	53.6	63.2
Talbot	60.7	63.9
Washington	52.2	51.2
Wicomico	52.9	57.8
Worcester	53.6	56.0

Objective 37: Increase the proportion of adolescents who have an annual wellness checkup

Data Details	
National Data	
Source	CDC National Health Interview Survey
Year	2008
Maryland Data	
Source	Maryland Medicaid Service Utilization
Year	
Baseline	2010
Update	2011
Calculation	
Numerator	Number of adolescents (aged 13-20 years)) enrolled in Medicaid for at least 320 days who received a wellness checkup in the last year
Denominator	Number of adolescents (aged 13-20 years) enrolled in Medicaid for at least 320 days
Population source	Maryland Medicaid
Single year method	(x/y)*100
Combined year method	---
Notes	
Race/ethnicity	Race and Hispanic origin are reported using the following categories: Asian, African American, Hispanic and white.
Censoring	Percentages not reported if cell count was less than 8.
Origin	Requested and received from DHMH Medicaid Program, Tricia Roddy, 8/9/2012. Analysis performed by David Idala and Ann Chen, UMBC Hilltop Institute.
Other	---

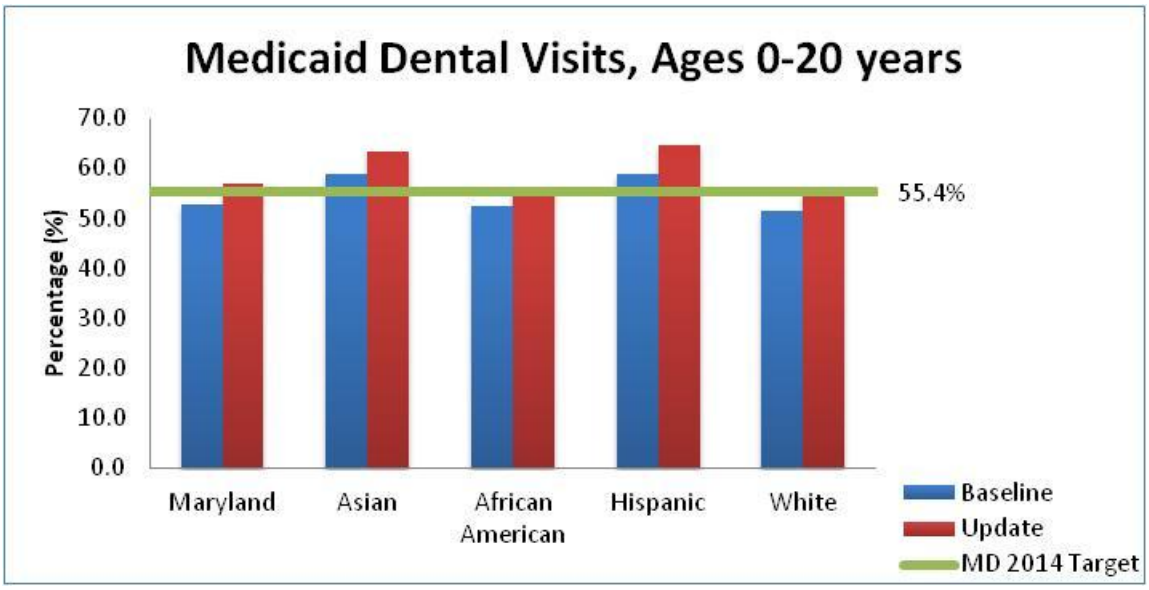
Objective 38: Increase the proportion of individuals receiving dental care

Diseases of the teeth and gum tissues can lead to problems with nutrition, growth, school and workplace readiness, and speech. Adoption and use of recommended oral hygiene measures are critical to maintaining overall health.

Update Summary: On track or meeting the Maryland 2014 Target

Statistics and Goals

Measure: Percentage of children enrolled in Medicaid (for at least 320 days) who had a dental visit during the year



Data Source: Maryland Medicaid Utilization Data

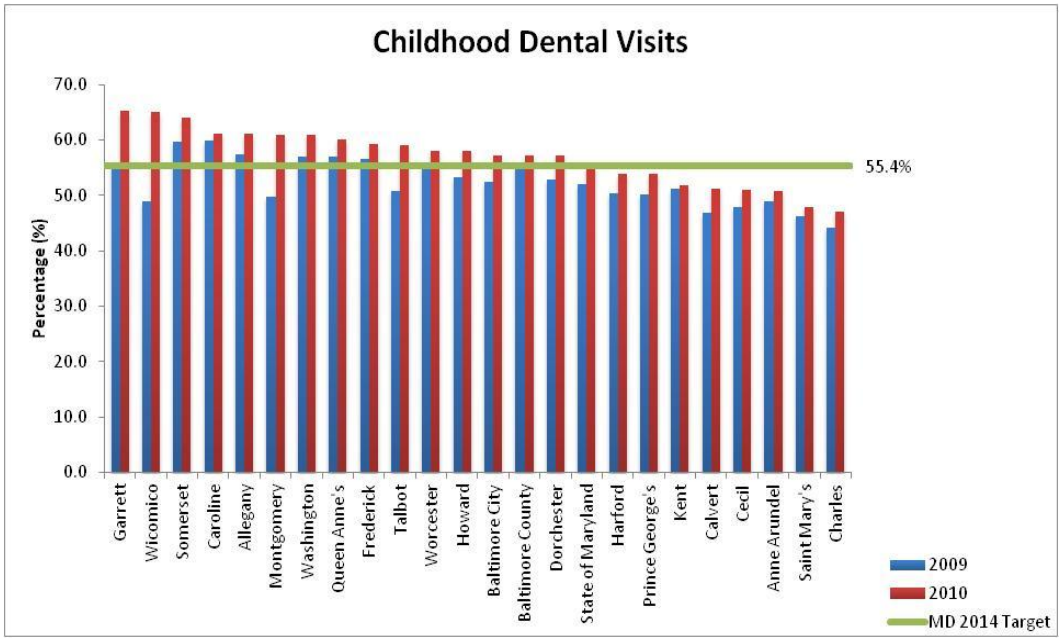
IMPORTANT: For the year 2 update, improvements were made in analyzing the Medicaid utilization data. New 2009 figures were used for the baseline, therefore they do not match the figures originally displayed for 2009.

Maryland SHIP	Year	Total	Asian	African American	Hispanic	White	SHIP 2014 Target
Baseline	2009	52.8	58.9	52.4	58.8	51.5	55.4
Update	2010	57.1	63.3	56.2	64.8	55.0	

Objective 38: Increase the proportion of individuals receiving dental care

Local-Level Data

Measure: Percentage of children enrolled in Medicaid (for at least 320 days) who had a dental visit during the year



Data Source: Maryland Medicaid Service Utilization Data

IMPORTANT: For the year 2 update, improvements were made in analyzing the Medicaid utilization data. New 2009 figures were used for the baseline, therefore they do not match the figures originally displayed for 2009.

County	2009	2010
State of Maryland	52.8	57.1
Allegany	60.0	61.2
Anne Arundel	47.8	51.0
Baltimore City	53.3	57.9
Baltimore County	52.5	57.2
Calvert	51.2	51.8
Caroline	59.6	64.0
Carroll	44.1	47.1
Cecil	46.9	51.2
Charles	46.2	47.8
Dorchester	55.5	57.1
Frederick	56.9	60.1
Garrett	75.4	73.5

County	2009	2010
Harford	55.3	58.0
Howard	50.1	53.8
Kent	57.4	61.2
Montgomery	50.4	53.9
Prince George's	56.9	60.8
Queen Anne's	49.0	50.7
Saint Mary's	48.9	65.1
Somerset	56.6	59.2
Talbot	49.7	60.9
Washington	55.7	65.2
Wicomico	50.7	59.0
Worcester	55.3	58.0

Objective 38: Increase the proportion of individuals receiving dental care

Data Details	
National Data	
Source	---
Year	---
Maryland Data	
Source	Maryland Medicaid Service Utilization
Year	
Baseline	2009
Update	2010
Calculation	
Numerator	Number of children and adolescents (aged 0-20 years) enrolled in Medicaid for at least 320 days who had at least one dental visit during the measurement year
Denominator	Number of children and adolescents aged 0-20 years enrolled in Medicaid for at least 320 days
Population source	Maryland Medicaid
Single year method	(x/y)*100
Combined year method	---
Notes	
Race/ethnicity	Race and Hispanic origin are reported using the following categories: Asian, African American, Hispanic and white.
Censoring	Percentages not reported if cell count was less than 8.
Origin	Requested and received from DHMH Medicaid Program, Tricia Roddy, 8/9/2012. Analysis performed by David Idala and Ann Chen, UMBC Hilltop Institute.
Other	---

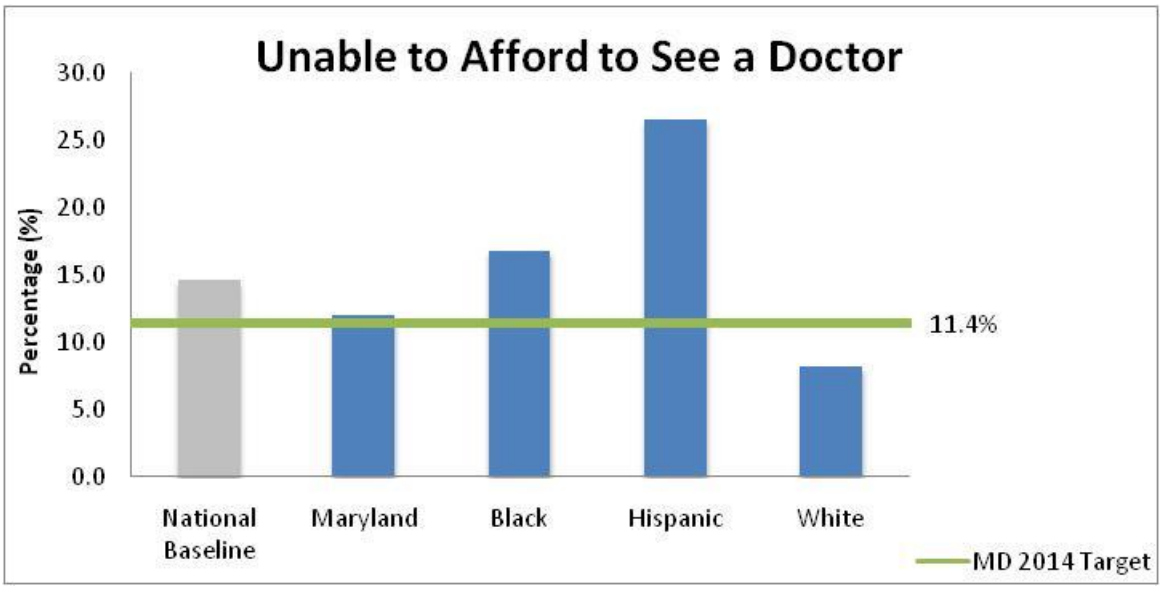
Objective 39: Reduce the proportion of individuals who are unable to afford to see a doctor

The cost of health care services has been rising and is a barrier to accessing timely and adequate health services. Delays in seeking care can result in further medical complications, missed diagnoses, unmet health care needs, and increased health care costs.

Update Summary: Pending

Statistics and Goals

Measure: Percentage of people who cannot afford to see a doctor



National Data Source: Healthy People 2020, CDC National Youth Risk Behavior Surveillance System (YRBSS)
Maryland Data Source: Maryland DHMH Behavioral Risk Factor Surveillance System (BRFSS)

National Baseline	Maryland SHIP	Year	Total	Black	Hispanic	White	SHIP 2014 Target
14.6 (2010)	Baseline	2010	12.0	16.8	26.6	8.2	11.4

Objective 39: Reduce the proportion of individuals who are unable to afford to see a doctor

Data Details	
National Data	
Source	CDC National Behavioral Risk Behavior Surveillance System
Year	2010
Maryland Data	
Source	Maryland DHMH Behavioral Risk Factor Surveillance System (BRFSS)
Year	
Baseline	2010
Update	---
Calculation	
Numerator	Number of persons who reported a time when they were unable to afford to see a doctor in the past year
Denominator	Number of persons (population)
Population source	Maryland DHMH Behavioral Risk Factor Surveillance System (BRFSS)
Single year method	(x/y)*100
Combined year method	Total number of persons who reported an inability to afford to see a doctor in the past year divided by total population
Notes	
Race/ethnicity	Race and Hispanic origin are reported separately. Data for persons of Hispanic origin are included in the data for each race group according to self-reported race.
Censoring	---
Origin	Requested and received from DHMH Center for Chronic Disease Prevention and Control, Sara Barra, September 2011
Other	---

For More Information, Contact

Madeleine Shea, Ph.D
Director, DHMH Office of Population Health Improvement
Health Systems and Infrastructure Administration
Maryland Dept. Health & Mental Hygiene
madeleine.shea@maryland.gov

Ginny Seyler, M.H.S.
Core Funding Program Coordinator and Local Health Liaison
Health Systems and Infrastructure Administration
Maryland Dept. Health & Mental Hygiene
ginny.seyler@maryland.gov

SHIP Website - http://dhmh.maryland.gov/ship/